



**Galt Joint Union Elementary
 School District
 Employee Information
 Change Form**

Date:	Site:
Name:	Last 4 digits of SSN:
Home Phone:	Cell Phone:
Home email:	

Name Change

Former Name: _____

New Name: _____

COPY OF NEW SOCIAL SECURITY CARD IS REQUIRED.

New Address

Street: _____

City: _____ Zip: _____

New Phone Number

() _____

Other: _____

Effective date of change: _____

QSS Demographic	EASE	ACA	Site
Frontline	STRS/PERS	Purchasing/AP	Payroll
CSEA	IT		

Please submit completed form to hr@galt.k12.ca.us