



Seeley Union School District
Employee Information Change Request

Employee Information

Select All That Apply

- Name Change Address Change Phone Change

Classification

- Certificated Classified (Non-Teaching)
 Regular (Permanent Full/Part-Time) Substitute/Short-Term Employee Former Employee

Employee Name

Name _____
First Middle Last
 SS#: XXX-XX- _____

Change Request

New Name _____
First Middle Last

**Please attach a copy of New Social Security Card AND California Driver's License*

New Home Address: _____
Street

City State ZIP

New Mailing Address
(if different than Home Address)

Street

City State ZIP

New Phone Number: _____
New Cell Phone: _____

Signature Date

PAYROLL/HR OFFICE ONLY

	DATE COMPLETED		DATE COMPLETED
<input type="checkbox"/> ICSIS EMPLOYEE UPDATE	_____	<input type="checkbox"/> ICSVEBA MEDICAL BENEFITS - CHANGE/TERMINATION FORM <small>B. MOHRLOCK</small>	_____
<input type="checkbox"/> PERSONNEL FILE	_____	<input type="checkbox"/> DELTA DENTAL - ENROLLMENT CHANGE FORM <small>DENTAL - A. QUINTANA</small>	_____
<input type="checkbox"/> AP MODULE	_____	<input type="checkbox"/> VSP - WEBSITE UPDATE	_____
<input type="checkbox"/> W2	_____	<input type="checkbox"/> AFLAC	_____
<input type="checkbox"/> DE4	_____	<input type="checkbox"/> SYMETRA	_____
<input type="checkbox"/> ICOE CALPERS/CALSTRS	_____	<input type="checkbox"/> UNUM	_____
<input type="checkbox"/> SYNERGY - WEBSITE UPDATE	_____		_____
<input type="checkbox"/> WORKERS COMP	_____		_____