RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES 2323 N. Broadway, Santa Ana, CA 92706 (714) 480-7484

EMPLOYEE CONTACT INFORMATION CHANGE FORM

Type of Change: Address (Home or Mailing) Personal Email	Phone (Cell/Home)
EMPLOYEE'S NAME	
Last First	Middle
Social Security: XXX-XX Employee ID #:	
Status: Full-Time (Classified/Confidential/Faculty/Management) Part-Time (Classified/Faculty)
Other (Instructional Associate/Associate Assistant/Non-Paid Instructor of Record/Sh	ort-Term/Substitute, etc.)
NEW HOME ADDRESS	
Street Address	Apt/Suite/Spc #
City	State Zip Code
NEW MAILING ADDRESS (if different from home address)	
Street Address	Apt/Suite/Spc #
City	State Zip Code
THE FOLLOWING IS REQUIRED FOR HUMAN RESOURCES PUR	POSE
Cell Phone #: I have no cell	ell phone
Home Phone #: I have no ho	ome phone
Personal Email Address:	
Signature: Effective	e Date:
Upon completion, the form is to be returned to Human Resources	to process.
For Human Resources Purpose	
Human Resources Official (initial) Updated in Datatel	
Distribution: Original – Human Resources 1 st Copy – Payroll 2 nd Copy –	Benefits (if applicable)