



Pasadena City College
Human Resources

EMPLOYEE NAME/ADDRESS/EMERGENCY UPDATE FORM

EMPLOYEE'S TYPE

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Classified Monthly | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Unclassified Hourly | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Adjunct |

Employee's Full Name:

Work Extension:

TYPE OF CHANGE

- Name Address Emergency Contact

EMPLOYEE'S NAME

Current Name:

New Name*:

(Social Security card required and must be presented at time of change)

Preferred Name:

For name changes, do you want your email/username changed? Yes No

If yes, provide current email:

EMPLOYEE'S NEW ADDRESS

Street:

City/State/Zip Code:

Area Code/Home Phone Number:

Area Code/Business Phone:

Number Area Code/Cellular:

Phone: Number

EMERGENCY CONTACT DATA – In case of illness or accident please notify

Full Name:

Relationship:

Area Code/Home Phone Number:

Area Code/Business Phone Number:

Area Code/Cellular Phone Number:

Employee's Signature	Date

**For name changes, please print this form and must be submitted in person*