



**BARSTOW COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES/PAYROLL
EMPLOYEE INFORMATION UPDATE FORM**

EMPLOYEE NAME CHANGE

Previous Name	Legal Name (last, first, middle)	Last 4 of Social Security No.:
New Name	Legal Name (last, first, middle)	Effective Date:
Preferred Name (See policy for more details)	Preferred Name (last, first, middle)	Effective Date:

**** NOTE: If changing your legal name, please update your social security card with the Social Security Administration and bring a signed copy to our office.**

EMPLOYEE CONTACT INFORMATION

Mailing Address:			<input type="checkbox"/> Restrict	Home Phone No.:	<input type="checkbox"/> Restrict
City:	State:	Zip Code:		Cell Phone No.:	<input type="checkbox"/> Restrict
Personal Email Address:					
Home Address (if different than Mailing):					

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name	Contact's Phone Number:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other
Secondary Emergency Contact Name	Contact's Phone Number:	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other

PLEASE NOTE: This change will only affect Payroll and HR records. It will not affect Financial Aid or Admissions & Records.

Employee's Signature:	Date:
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Please submit your completed form to the Human Resources Office in person or via email at: hr@barstow.edu

HR USE ONLY:

_____ A/P _____ Retirement
_____ Medical _____ Dental, Vision