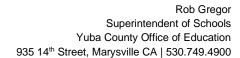




Human Resources Department

Change: Address Name Phone This information should be completed and returned to your site secretary who will forward to your Human Resources Technician Roxanne Nichols <u>roxanne.nichols@yubacoe.k12.ca.us</u> Please Note: When you change your legal name, your Outlook e-mail address will automatically be changed to match AFTER the name change has been processed by Human Resources. Name changes CANNOT be made until ALL required documentation has been submitted (Please print) EFFECTIVE DATE OF CHANGE EMPLOYEE FULL (LEGAL) NAME TELEPHONE NUMBER (HOME) NEW **ADDRESS** HOME ADDRESS TELEPHONE NUMBER (WORK) CITY STATE ZIP TELEPHONE NUMBER (CELL) **EMAIL ADDRESS** ☐ Yes, I give permission for my address, phone(s) and email to be released to County Office employees upon their request and the union pursuant to AB119. ☐ No, I DO NOT give permission for my address, phone(s) and email to be released to County Office employees upon their request and the union pursuant to AB119. EMPLOYEE (LEGAL) NAME TELEPHONE NUMBER (HOME) PREVIOUS ADDRESS ADDRESS TELEPHONE NUMBER (WORK) CITY STATE ZIP TELEPHONE NUMBER (CELL) EMPLOYEE'S SIGNATURE WORK SITE For Human Resource Use Only **Address Change** Name Change (in addition to address change) ■ Escape ☐ Tech Ticket # ☐ Email HR Team, Payroll, Sup & COVID __ ☐ HealthComp Online _____ ☐ YCOE Online Dictionary _ CalPERS ☐ Frontline Employee Name and Work Email ___ ☐ Catapult / SPED Ashley Marin _____ ☐ Public School Work Update Badge





Human Resources Department- Employee Emergency Information

This information should be completed and returned to your Human Resources Technician for placement in your personnel file. Should any of this information change, please submit a corrected form to your Human Resources Technician at hr@yubacoe.k12.ca.us. It is important that this data be kept current at all times.

se print)			
	EMPLOYEE (FULL LEGAL) NAME HOME ADDRESS		PRIMARY CONTACT NUMBER
EMPLOYEE			SECONDARY CONTACT NUMBER
NFORMATION	CITY	STATE	ZIP
	PRIMARY PERSONAL EMAIL ADDRE	ESS	
	NAME		PRIMARY CONTACT NUMBER
	ADDRESS		SECONDARY CONTACT NUMBER
PERSON(S) TO NOTIFY IN CASE OF AN	CITY	STATE	ZIP
EMERGENCY	NAME		PRIMARY CONTACT NUMBER
	ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
	Do you have any physical condition(s) that would be significant in a medical emergency: (Include medication taken regularly)		
MEDICAL NFORMATION			

Personal contact information, such as phone numbers, may be included in various departmental business continuity planning documents. Confidential information may be provided to authorized business continuity staff, or other County agencies, and in the event of an emergency. If you have a chronic medical condition (i.e., heart condition, epilepsy, asthma, allergy, etc.) that prevents you from working during normal business hours, you are encouraged to discuss symptoms and emergency treatment with your supervisor.

EMPLOYEE'S SIGNATURE	DATE