

**LOS BANOS UNIFIED SCHOOL DISTRICT
PERSONNEL CHANGE FORM**

CERTIFICATED
CLASSIFIED

ORIGINATOR _____
CURRENT POSITION _____
SCHOOL/DEPT. _____
DATE _____

<u>TYPE OF CHANGE:</u>			
ADDRESS	<input type="checkbox"/>	PHONE#	<input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/>	POSITION	<input type="checkbox"/>
CLASSIFICATION	<input type="checkbox"/>	EXTRA DUTY	<input type="checkbox"/>
LOCATION	<input type="checkbox"/>	INSURANCE	<input type="checkbox"/>
DAYS	<input type="checkbox"/>	(ADD NEW FAMILY MEMBER)	

Complete only changed items below:

NEW ADDRESS: _____
CITY: _____ **ZIP** _____
PHONE: () _____

DATE MARRIED: _____
SPOUSE NAME: _____
D.O.B: _____ **SSN#** _____

DATE DIVORCED: _____

NEWBORN: _____ **SSN#** _____
DATE BORN: _____

CLASSIFICATION# _____

NEW POSITION/DUTY: _____ **DAYS** _____
NEW SITE: _____ **TRACK** _____

PRINCIPAL/SUPERVISOR SIGNATURE _____

Please print out this form, get proper signatures and then return to our Human Resources at the District Office