

Employee Name (Print or type) \_\_\_\_\_

For

Employee ID \_\_\_\_\_

Department Name \_\_\_\_\_

Pay Period \_\_\_\_\_

Date of Change (Event Date) \_\_\_\_\_

**PERSONAL DATA CHANGE — PROOF REQUIRED FOR NAME CHANGE. ATTACH COPY OF SOCIAL SECURITY CARD.**

Name Change \_\_\_\_\_

(Former Name) \_\_\_\_\_

Address Change \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

New Mailing Address (If different from above) \_\_\_\_\_

New Home Phone (Include Area Code) \_\_\_\_\_

New Emergency Contact: \_\_\_\_\_

Name

Home Address

City, State, Zip Code

Phone

Relationship

**PERSONAL STATUS CHANGE — SUBMIT TO CENTRAL HUMAN RESOURCES WITH REQUIRED ATTACHMENTS.**

***Important – Be sure to request any additional forms necessary to update your dependents and/or beneficiaries for health and/or life insurance coverages.***

Type of change:

Marriage (**Marriage Certificate/Declaration of Domestic Partnership required**)

Divorce (**Divorce Decree/Notice of Termination of Domestic Partnership required**)

Death of spouse, dependent or domestic partner (**Death Certificate required**)

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

Comments: \_\_\_\_\_

Pay Period & Date Processed	Processor's Initials	Effective Date

## **INSTRUCTIONS AND PROCEDURES EMPLOYEE STATUS CHANGE FORM (ESC)**

**All** of the following information is required for any change.

- Employee ID
- Employee Name
- Pay Period
- Date Of Change (Event Date)
- Department Name

### **Personal Data Changes**

- Employee fills in only those items that are changing.
- For change in name, the Department Representative secures a copy of the Social Security card, attaches it to the form, and forwards to Central HR for processing.

**All other personal data changes** in this area of the form are processed and maintained by the department.

### **Personal Status Changes**

- Employee checks appropriate boxes and provides required documents.
- Employee must complete a Benefit Election Form to make changes to benefit plan (e.g., medical, dental, vision, flexible spending account).

**NOTE:** Depending on the reason for the Personal Status Change, the Department Representative may want to also provide the employee with one or all of the following forms:

- Last Warrant Designation
  - CalPERS Beneficiary Designation Form
  - Lincoln Beneficiary Designation Form and/or The Standard Beneficiary/Change Form
  - Lincoln Group Insurance Enrollment Form and/or The Standard Supplemental Insurance Enrollment Form
- Department Representative checks form for completeness and insures appropriate documents are attached.
  - Department Representative forwards form and appropriate documentation to Central HR for processing.