

**SAN YSIDRO SCHOOL DISTRICT
STATUS CHANGE**

Name _____ Date _____

Position _____ Location _____

Employee Social Security # _____

Check appropriate box.

☐

Name Change

FROM: _____ **TO:** _____

☐

Address Change

FROM: _____ **TO:** _____

☐

Phone Change

FROM: (____) _____ **TO:** (____) _____

Employee Signature _____

Original - Human Resources

Revised 08/16