

**EMPLOYEE PERSONAL
INFORMATION AND SALARY
WARRANT CHANGE FORM (PIN)**

Submit Completed Form to: SFUSD Human Resources Dept., 555 Franklin St. 2nd Flr., SF, CA 94102; fax (415) 241-6375

Please Print

Current Information as it Appears on Your Packcheck

<hr/> Last Name	<hr/> First Name	<hr/> M.I.
<hr/> Social Security Number	<hr/> Employee ID Number	
<hr/> Current Work Location	<hr/> Telephone Number	

New Personal Information (Complete Only Those Items That Have Changed)

<hr/> Last Name	<hr/> First Name	<hr/> M.I.	
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip Code
() <hr/> Home Phone Number	() <hr/> Alternate Phone Number	<hr/> E-Mail Address	

Marital Status Change (select one of the following)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Common-Law | <input type="checkbox"/> Divorced | <input type="checkbox"/> Domestic Partners | <input type="checkbox"/> Head of Household |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Single | <input type="checkbox"/> Widowed |

Emergency Contact Information

<hr/> Full Name (please print)	<hr/> Relationship		
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip Code
<hr/> Primary Phone Number	<hr/> Alternate Phone Number		

Employee Signature

<hr/> Employee's Signature	<hr/> Date:
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