



Oxnard Union High School District

CHANGE OF PERSONAL INFORMATION/STATUS

Certificated

Classified

Employee's Name: _____

Employee ID Number: _____

Employee's Job Title/Site: _____

Date Change Effective: _____

Employee's Email Address: _____

Requested Change: Check all that apply

Name Change: *Please note: Employees must provide a signed original social security card in order to initiate a name change.

New Name: _____

Address/Personal Email Change:

Previous Street Address: _____

New Street Address: _____

Personal Email Address: _____

Phone Number Change:

Previous Phone (Home): _____ (Cell): _____

New Phone (Home): _____ (Cell): _____

Emergency Contact:

Name: _____ Phone #: _____

Change of Status:

- Resignation Effective date: _____
- Retirement* Effective date: _____
- Transfer Request

Please refer to the appropriate contract provisions of your Agreement for detailed information, including priorities and restrictions. **The provisions pertain to transfers within your classification. Note: This request will remain valid for one year from submission and may be withdrawn at any time.**

1st Choice: Position: _____ Location: _____

2nd Choice: Position: _____ Location: _____

3rd Choice: Position: _____ Location: _____

I authorize the Oxnard Union High School District to submit the preceding changes to the appropriate departments:

Employee Signature

Date

Please indicate your current health insurance coverage(s):

- Anthem HMO Anthem PPO Kaiser Permanente HMO
- Delta Dental PPO VSP The Hartford No benefits

*Please Note: Retirement effective date must be one day after last working day.

To be completed by Human Resources:

- Transfer Request Approved Transfer Request Denied

Comments: _____
