

ORO GRANDE ELEMENTARY SCHOOL DISTRICT

Please mark the appropriate change:

- ☐ Name Change ☐ Address Change

Employee Legal Name: \_\_\_\_\_  
First (Please Print) M.I. Last

Employee Previous Name: \_\_\_\_\_  
First (Please Print) M.I. Last

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

SS#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of a name change, please submit a copy of your new social security card and driver’s license.  
CalPERS Members Only: In the case of an address change please submit a utility bill in your name.  
Please submit this form with applicable documentation to the District Office.

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DISTRICT USE ONLY

Name Change:

- |  |                                  |
|--|----------------------------------|
| _____ Update EPICS, Aesop & Target Solutions | _____ Update Access Upload File  |
| _____ Social Security Card– (copy)           | _____ New AESD1 Form (PERS Only) |
| _____ Driver’s License– (copy)               | _____ Inform IT, CBEDS & AP      |
| _____ Update Benefits                        |                                  |
| _____ Kaiser (Send out new ID Cards)         | _____ Delta Dental               |
| _____ Aetna (Send out new ID Cards)          | _____ MetLife                    |

Address Change:

- |                                  |                                 |
|----------------------------------|---------------------------------|
| _____ Update EPICS               | _____ Update Access Upload File |
| _____ New AESD1 Form (PERS Only) | _____ Inform CBEDS & AP         |
| _____ Update Benefits            |                                 |
| _____ Kaiser                     | _____ Delta Dental              |
| _____ Aetna                      | _____ MetLife                   |