



PASADENA CITY COLLEGE

Human Resources

NAME, ADDRESS, EMERGENCY CHANGE FORM

EMPLOYEE NAME: _____ WORK PHONE: _____

DEPARTMENT: _____

Classified

Full-Time Faculty

Management

Hourly/Professional Expert

Part-Time Faculty

TYPE OF CHANGE

☐ Name

☐ Address

☐ Emergency Contact

NEW NAME

Current Name: _____

New Name*: _____

**Present your Social Security card to the Office Human Resources C-204*

Preferred Name: _____

For name changes, do you want your email/username changed? Yes No

NEW ADDRESS

Street: _____

City/State/Zip Code: _____

EMERGENCY CONTACT – In case of illness or accident please notify

Full Name: _____

Relationship: _____

Phone Number: _____

Employee's Signature	Date

HR Updated: _____

HRS

Banner

NeoEd

Benefits