

**DPH – HUMAN RESOURCE SERVICES
OPERATIONS DIVISION
PERSONNEL CHANGE FORM**
(PLEASE PRINT LEGIBLY)

Name: _____
(Currently on File)

DSW#: _____ Class: _____ Work Location: _____

Effective: _____, please change my employee records as noted:
(Date of Change)

NAME:	To: _____ <small>(Note: Original Social Security Card must be presented to Human Resources)</small>
ADDRESS:	From: _____ To: _____
TELEPHONE:	From: _____ To: _____
EMERGENCY CONTACT:	From: _____ To: _____ <small>(Name, Address & Telephone)</small> <small>Note: If you are changing Emergency Contact, you may need to update your Warrant Recipient Designation and/or Retirement System Beneficiary designation</small>

Signed: _____ Date: _____

A valid ID with photo must accompany the completed change form. Attach a copy of the ID if returning form by mail/fax. The completed form may be faxed, mailed or hand delivered to your appropriate HR Office:

Human Resource Services
Operations Unit, SFGH
2789 – 25th Street, Rm. 339
San Francisco, CA 94110
Fax: 415-206-5668

HR Services, LHH
375 Laguna Honda Blvd.
San Francisco, CA 94116
Fax: 415-759-3365

HR Services, CO
101 Grove St., Room 210
San Francisco, CA 94102
Fax: 415-554-2855

NOTE: If you are on an eligible list or in an examination process, a separate change of name or address must be filed with the Department of Human Resources at 1 South Van Ness Avenue, 4th Floor, San Francisco, CA 94103. However, if you are applying for a Health Department examination, you may file the change with the Merit Systems Division.

FOR HRS USE ONLY:	
cc: ___ ID Checked	Form Processed _____
___ eMerge PeopleSoft	(Initial & Date)
___ Emp. File	