

Santa Clarita Community College District
College of the Canyons
EMPLOYEE INFORMATION / CHANGE NOTICE

- New Employee** **Existing Employee Change Notice**
- Administrator Adjunct Faculty Adult Hourly
- Full-Time Faculty Full-Time Classified College Assistant

Employee Name: _____	Extension: _____
SSN: _____	Date of Birth: _____

ADDRESS/TELEPHONE:

Residence Street Address/Apt No: _____	_____
City/State/Zip: _____	_____
Residence Telephone Number(s): _____	_____
(Optional) Residence E-Mail Address: _____	_____
(Optional) Cell Phone: _____	_____

EMERGENCY CONTACT:

Name: _____	Relationship: _____
<input type="checkbox"/> Telephone (Home): _____	<input type="checkbox"/> Telephone (Business): _____
Name: _____	Relationship: _____
Telephone (Home): _____	Telephone (Business): _____

The District MIS (Datatel) system provides space for only one emergency name and one telephone number—check your preference of home or business number. Additional emergency contact(s) and telephone numbers listed will be kept in employee's personnel file.

NAME CHANGE:

New Name: _____	_____
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For a name change to be entered in County/District Payroll, District Human Resources and MIS (Datatel) records, a new Social Security card in the new name must be submitted to the Human Resources Office with an executed copy of this form. It is employee's responsibility to contact the Benefits Technician and Payroll Department to formalize any benefits, beneficiary or withholding changes resulting from marital status/name changes.

EDUCATIONAL ACHIEVEMENT UPDATE:

Institution: _____	Degree/Cert/Major: _____	Date: _____
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Degrees/certificates earned post-hire that you want recorded in your personnel file and the District MIS (Datatel) system must be accompanied by original transcript.

INFORMATION ACCESS:

The Human Resources Office will not release your address, telephone or other personal information to anyone without your written and signed authorization. Your supervisor, manager, and Payroll do have access to certain personnel file information, and copies of this form will be distributed as indicated below.

Your information will entered into the District MIS (Datatel) system. If you wish a "do not release" notation to appear in your MIS-Datatel record, which will prevent staff without access from viewing personal information, check here:

Date Form Completed: _____ Effective Date of Change (if applicable): _____

EMPLOYEE SIGNATURE:

Do not write below this line

Datatel Input completed: date/by: _____	Excel input completed: date/by: _____
Distribution: <input type="checkbox"/> Personnel File <input type="checkbox"/> Payroll <input type="checkbox"/> Executive Administrator <input type="checkbox"/> Supervising Administrator <input type="checkbox"/> Employee	