

2500 VINEYARD AVENUE
OXNARD, CA 93036
(805) 485-3111



CHANGE OF INFORMATION

Employee Name: _____ **Site:** _____

Last Four of SSN: _____

NAME CHANGE:

***New Name:** _____

ADDRESS CHANGE:

Previous Street Address _____

Previous City/Zip _____

***New Street Address:** _____

***New City/Zip:** _____

PHONE NUMBER CHANGE:

Previous Phone (Home/Cell) _____

***New Phone (Home/Cell)** _____

I AUTHORIZE THE RIO SCHOOL DISTRICT TO SUBMIT THE PRECEDING CHANGES TO THE APPROPRIATE INSURANCE COMPANIES:

Employee Signature

Date