



# EMPLOYEE DATA CHANGE REQUEST FORM

*Information provided on this form is confidential and will not be released without your consent*

**Change affective date:**

## CURRENT UAS DATABASE INFORMATION

Employee Name

Address

Home Phone #

Cellular #

E-mail Address

## Please Check Box(s) for Desired Request Type

### NEW ADDRESS

Street Address

Home Phone #

Cell#

E-mail Address

### NAME CHANGE

Name

Reason

### EMERGENCY CONTACT CHANGE

Contact name

Relationship

Contact Phone #

### PAY CHECK BENEFICIARY CHANGE

Name

Mailing Address

Phone #

Employee Signature \_\_\_\_\_

**Submit completed form to:**

UAS Human Resources  
The Golden Eagle Building  
5151 State University Drive, Room 310  
Los Angeles, CA 90032  
E-mail to: UASHR@CSLANET.CALSTATELA.EDU  
FAX TO: (323) 343-5919