



LOS RIOS COMMUNITY COLLEGE DISTRICT

Name Change

Employee ID: _____

Former Name: (Last) _____ (First) _____ (Middle) _____

New Name: (Last) _____ (First) _____ (Middle) _____

Work Location: ☐ ARC ☐ CRC ☐ DO ☐ EWC ☐ FLC ☐ FM ☐ SCC ☐ Other: _____

Employee Status:

☐ Currently Employed / ☐ Past Employee

Employee Type:

- ☐ Classified (regular or temporary)
- ☐ Employee Service Agreement
- ☐ Faculty – Full Time
- ☐ Faculty – Part Time / Substitute
- ☐ Professional Expert Agreement
- ☐ Manager
- ☐ Student Help/Federal Work Study

Required Document:

- Along with this form, please include a copy of a U.S. government issued document that includes your picture, date of birth, updated name.*

Employee Signature (must be ORIGINAL signature)

Date

Directions: Send completed form and required documents via **encrypted** email (see directions to encrypt at: <https://office.losrios.edu/answers/encrypt/>) to both Employee Benefits at: DO-Benefits@losrios.edu

AND to your HR Specialist:

- For Classified (Regular and Temp), Employment Service Agreements, Managers, Professional Expert Agreements, and Student staff: HR-Classified-Management@losrios.edu
- For Full Time/LTT Faculty staff: HR-FTFaculty@losrios.edu
- For Part Time/Adjunct staff: HR-PTFaculty@losrios.edu

*If you do not wish to email a copy of the required I.D., please mail or drop off this form and a copy of the required I.D. to the address below. Please call ahead to verify office hours.

*Los Rios Community College District
Attn: Human Resources
1919 Spanos Court
Sacramento, CA 95825
916-568-3112*