

FOR PERSONNEL ONLY

FAS
 CWTAPPS
 PSR
INITIAL ____ DATE ____



LOS ANGELES COUNTY PUBLIC WORKS HUMAN RESOURCES DIVISION

"To Enrich Lives Through Effective and Caring Services"

REPORT OF CHANGES IN PAYROLL/PERSONNEL INFORMATION

Changes made in:
(Please check as applicable)

- Name
- Address
- Div/Sect
- Post. No
- Phone No.
- Pay Location
- Org I.D. No.

Employee Name: _____
Last First M.I.

Effective Date: _____

Current Classification: _____

Employee Number: _____

Please complete information below as checked above (Please print):

New Div/Sect: _____

Former Name
(If changed): _____

New TKU Location: _____

Old TKU Location: _____

New **Work** Phone No. () _____

New Pos. No: _____

Title: _____

New **Home** Address: _____
Number Street Apt. No.

New OCA No: _____

City State Zip Code

Alternate OCA No: _____

New **Home** Phone No. () _____

If personal information changes, employee must sign. Submitted By: _____ Date: _____