

CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY CORPORATIONS

Request to Change Employee Personal Information Form

Association

Foundation

PFC

Ag Foundation

Auxiliary ID Number: _____

Name Change Address/Phone Change Check Route Change

Name: _____

New Name: _____

Previous Address: _____

New Address: _____

Previous Phone: _____

New Phone: _____

Check Route Change: Foundation

Bookstore

US Mail

I authorize Auxiliary Human Resources to process the above changes to my personal information.

Signature: _____

Date: _____