

Shoreline Community College

Employee Contact & Change Form

ctcLink's Employee Self Service portal also allows employees to make most changes independently

New Employee Date of Hire: _____ or Change Effective Date: _____

Action Requested		Employee Type	
	New Employee- Sections 1, 2, 3, 5		Admin / Exempt
	Employee Address/Contact Update- Sections 1, 2, 5		Classified
	Emergency Contact Update Sections 1, 3, 5		Full-Time Faculty
	Legal Name Change- Sections 4, 5		Part-Time Faculty
	Other <i>(specify)</i>		Student / Non Perm / Hourly

1. Employee Legal Name
Exactly as it appears on Social Security Card

First		Middle		Last	
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2. Employee Contact

Phone		Campus Phone	
Email		Campus Email	
Street Address		City/State/Zip	

3. Employee's Emergency Contact

Name		Phone	
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4. Legal Name Change
Preferred display names can be updated through ctcLink Employee Self Service

Prior First Name		New First Name	
Prior Last Name		New Last Name	

Yes ___ New Social Security Card and Photo ID brought in with this form

For information about how to update your Social Security Card:
<chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.ssa.gov/pubs/EN-05-10513.pdf>

5. Authorization

Employee Signature		Date	
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Return to the Office of Human Resources hr@shoreline.edu or Admin Bldg 1000- Rm 1013

OFFICE USE ONLY		
	ctcLink Input (date/initials)	Payroll/Benefits Input (date/initials)