

CHANGE OF ADDRESS/TELEPHONE FORM

Please complete and PRINT. Submit this change of address form through your departmental personnel liaison. If any information is not applicable or not changing, please write in "N/A" or "no change".

NAME _____ EMPLOYEE # _____ DEPT # _____

OLD HOME PHONE # () _____ → NEW HOME PHONE # () _____

OLD CELL PHONE # () _____ → NEW CELL PHONE # () _____

OLD MAILING ADDRESS: _____
street city state/zip

NEW MAILING ADDRESS: _____
street city state/zip

OLD PHYSICAL ADDRESS: _____
(if different from mailing) street city state/zip

NEW PHYSICAL ADDRESS: _____
(if different from mailing) street city state/zip

Departmental Personnel Liaison Signature

Date

For County Personnel Use ONLY

ESD (Job APPs): _____
Initials/Date

Records Unit:
Transaction Code: _____

Key Date: _____

CalPERS: Yes N/A

Initials: _____

CC: Auditors, Benefits (if regular-budgeted), Deferred Comp (if regular-budgeted)