

**PERALTA COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES**

CHANGE OF ADDRESS FORM

NAME: _____

EMPLOYEE ID #
Or Last 4 digits of SSN:

COLLEGE/LOCATION:

_____	<i>STATUS (circle one)</i> <u>Administrator</u> <u>Classified</u> <u>Faculty</u> <u>Student Worker</u> <u>Retiree</u>

NEW ADDRESS: _____

NEW PHONE: () _____

EFFECTIVE DATE OF
ADDRESS CHANGE: _____

PREVIOUS ADDRESS: _____

SIGNATURE: _____ DATE: _____

Return to:

**Peralta Community College District
Office of Human Resources
333 East Eighth Street
Oakland, CA 94606**