



# SAN DIEGO COMMUNITY COLLEGE DISTRICT

HUMAN RESOURCES-PAYROLL  
3375 CAMINO DEL RIO SOUTH  
SAN DIEGO, CA 92108-3883

## Payroll - Address or Name Change Notice

Please type or print clearly

Change:  NAME\*  ADDRESS OR TELEPHONE

*\*IMPORTANT: Attach copy of "NEW" social security card and new EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE: FORM W-4 AND DE-4 card.*

Enter name currently on file below. Enter new name in "NEW DATA" section.

Identification Number	Last Name	First Name	M.I.	<b>Effective Date of Change</b> Month   Date   Year		
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Site (Circle) City Mesa Miramar	Position Title	<input type="checkbox"/> CONTRACT <input type="checkbox"/> HOURLY/ADUNCT
Continuing Ed DSC District Office Military		

**NEW DATA - Enter below ONLY items which are to be changed**

New Last Name		New State		☞ Use two-digit abbreviation
New First Name		New Zip Code		-
New Middle Name		New Home Phone #	( )	-
New Street No./Name (include Apt./ Unit #)		Unlisted Phone #		☞ Mark "X" if you do not want telephone number listed.
		Unlisted Address		☞ Mark "X" if you do not want address listed.
New City		Salutation (Circle One) Mr. Mrs. Ms. Dr.		

I hereby certify that the above information is correct, and agree to notify Human Resources-Payroll promptly on a similar form, of any and all subsequent changes of address; and further agree specifically, that the address given above, or as so changed, and not any other address which may be given by me or purported to be mine is to be considered as my "official" or "last known" address.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Payroll Processed: \_\_\_\_\_ Date: \_\_\_\_\_ Benefit Processed: \_\_\_\_\_ Date: \_\_\_\_\_