

**NORTH CENTRAL STATE COLLEGE  
EMPLOYEE CHANGE OF ADDRESS FORM**

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To insure proper handling of mail to your home, please notify the Human Resources Office (F-6) promptly of any change of address or phone.

Please check:  Full-Time       Part-Time

<b>YOUR NAME</b>	<i>Print or Type - Last Name, First Name, Middle Initial</i>	
<b>OLD ADDRESS</b>	<i>No. and Street, Apt., Suite, P.O. Box or R.R. No.</i>	
	<i>City, State, Zip Code</i>	
<b>OLD COUNTY</b>		
<b>NEW NAME</b>	<i>Print or Type - Last Name, First Name, Middle Initial</i>	
<b>NEW ADDRESS</b>	<i>No. mu/ Street, Apt., Suite, P.O. Box or R.R. No.</i>	
	<i>City, State, Zip Code</i>	
<b>NEW COUNTY</b>		
<b>OLD TELEPHONE NUMBER</b>	<i>(Area Code) Number</i>	
<b>NEW TELEPHONE NUMBER</b>	<i>(Area Code) Number</i>	
<b>OLDSCHOOL DISTRICT</b>		
<b>NEW SCHOOL DISTRICT</b>		
<b>EFFECTN E DATE:</b>		<b>SOCIAL SECURITY NUMBER:</b>
<b>SIGNATURE:</b>		

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