



# EMPLOYEE CHANGE OF ADDRESS FORM

Butte-Glenn Community College District

## EMPLOYEE INFORMATION

THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE ONLY

Name: \_\_\_\_\_  
First MI Last

Social Security Number: \_\_\_\_\_ **or** Colleague ID Number: \_\_\_\_\_  
Providing SS# is for identification purposes only Colleague ID# is on your pay-stub or can be provided by HR

New Mailing Address: \_\_\_\_\_  
Number Street Apt. #

City State Zip

New Residence Address: \_\_\_\_\_  
Number Street Apt. #

City State Zip

Phone: Home ( ) Cell ( )

## NOTE TO EMPLOYEE:

**You will need to submit a change of address form to your appropriate retirement system:**

**PERS:** [www.calpers.ca.gov](http://www.calpers.ca.gov)      **STRS:** [www.calstrs.com](http://www.calstrs.com)      **APPLE:** [www.keenan.com](http://www.keenan.com) (go to client center)

Or you may ask the Human Resources Benefits Manager for the appropriate form.

## POSITION STATUS

### Faculty (Teaching/Non Teaching)

- Full-Time Regular (FR)
- Associate Faculty (FN)

### Classified

- Full-Time/Part-Time Reg. (CR)
- Non-Reg. (195 Day Hourly) (CN)

### Mgt/Super/Conf (MSC)

- Full-Time/Part-Time Regular

### Student Employee

### Retiree

## SIGNATURE ACKNOWLEDGMENT

Change of Address Effective Date: \_\_\_\_\_

The undersigned declares that the above information is true and correct. If all blanks are not filled in, the undersigned also understands that the requested changes will not take affect until all information is received.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Human Resources Use Only

Processed in Colleague: \_\_\_\_\_  
Initial Date