

Santa Monica Community College District CHANGE OF ADDRESS PLEASE PRINT

		E	EMPLOYMENT STATUS	8		
Mor	nthly Faculty		Hourly Faculty		Student Worker	
Mor	nthly Classified		Temporary Classified			
	(en		PLOYEE INFORMATION it appears on your social			
Last 4 digits	<u> </u>			•		
Last 4 digits	01 S. S. #					
Last Name First Name			First Name		Middle	
Name of Department				Extension Number		
Email Address	ss		-			
			PREVIOUS ADDRESS			
Address:						
110010001	Street				Apartment Number	
	City			State	Zip	
	Home Number			Alternate/Cell 1	Number	
	Tionic Tumber			Atternate/cen i	Vullioci	
			NEW ADDRESS			
Address:						
	Street				Apartment Number	
	City			State		
	City			State	Zip	
	Home Number			Alternate/Cell 1	Number	
Signature:				Date:		
FOR OFFICE USE ONLY				Report of Change of Address to:		
				HBD HBD		
Date Receive	ea:			ASD	-1	
Date Processed:				Agency Code:		