

**IMPERIAL VALLEY COLLEGE
CHANGE OF ADDRESS FORM**

EMPLOYEE NAME: _____ **G#** _____

SSN# XXX-XX - _____

OLD ADDRESS:

NEW ADDRESS:

Address

Address

City/State/Zip

City/State/Zip

Phone Number

Phone Number

CHANGE IN NAME: **NO** **YES – New Name:** _____

Employee Signature

Date

OFFICIAL USE ONLY

Date changed in Human Resources

HR Signature

Date changed in Payroll

Payroll Signature