

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
HUMAN RESOURCES

**CHANGE OF ADDRESS**

**Instructions:** Print information clearly. Return the completed form to the Human Resources Office via pony mail, fax (927-4020), or in person.

Employee Name \_\_\_\_\_ Cost Center \_\_\_\_\_

Employee ID No. (A#) \_\_\_\_\_ SSN (last 4 digits) XXX-XX- \_\_\_\_\_

Position \_\_\_\_\_

**New Address**

Street \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Change?  Yes  No (If not, notify Human Resources of next change.)

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

Home Phone \_\_\_\_\_  Check if this is a new number.  Default

Cell Phone \_\_\_\_\_  Check if this is a new number.  Default

Daytime Phone (School Board phone/extension or cell) \_\_\_\_\_

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

Distribution: Original - Human Resources Personnel File Copy – Employee Copy – Risk Management