

KINGSBOROUGH COMMUNITY COLLEGE
OF
THE CITY UNIVERSITY OF NEW YORK
CHANGE OF EMPLOYEE ADDRESS

NON-INSTRUCTIONAL STAFF

PRINT NAME: _____ CD: _____

DOCUMENT NUMBER: _____ SOCIAL SECURITY NUMBER: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY* _____

TELEPHONE #: _____ DEPARTMENT: _____

PREVIOUS NAME: (IF CHANGED) _____

DID YOU RESIDE IN THE CITY OF NEW YORK PRIOR TO CHANGE? ___ YES ___ NO (CHECK ONE)

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|------------------------|-------------------|--|-----------------|-------------|---------------|--------------|--------------|------------|------------|-------------|--------------|---------------|------------|------------|--------------|--------------|------------|-----------------|--------------|--------------|------------|-----------|--|--|--|-----------|
| SIGNATURE _____ | DATE _____ | <p style="text-align: center;">*COUNTY CODE KEY</p> <table style="width: 100%; border: none;"> <tr> <td>A – ALBANY</td> <td>F – WASH DC</td> <td>M – MANHATTAN</td> <td>R – RICHMOND</td> </tr> <tr> <td>B – BROOKLYN</td> <td>G – GREENE</td> <td>N – NASSAU</td> <td>S – SUFFOLK</td> </tr> <tr> <td>C – COLUMBIA</td> <td>H – SCHOHARIE</td> <td>O – ORANGE</td> <td>U – ULSTER</td> </tr> <tr> <td>D – DUTCHESS</td> <td>K – ROCKLAND</td> <td>P – PUTNAM</td> <td>W – WESTCHESTER</td> </tr> <tr> <td>E – DELAWARE</td> <td>L – SULLIVAN</td> <td>Q – QUEENS</td> <td>X – BRONX</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Z – OTHER</td> </tr> </table> | A – ALBANY | F – WASH DC | M – MANHATTAN | R – RICHMOND | B – BROOKLYN | G – GREENE | N – NASSAU | S – SUFFOLK | C – COLUMBIA | H – SCHOHARIE | O – ORANGE | U – ULSTER | D – DUTCHESS | K – ROCKLAND | P – PUTNAM | W – WESTCHESTER | E – DELAWARE | L – SULLIVAN | Q – QUEENS | X – BRONX | | | | Z – OTHER |
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| | | | Z – OTHER | | | | | | | | | | | | | | | | | | | | | | | |

----- DO NOT WRITE BELOW THIS LINE -----

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|---|---|--|
| <p>PREPARER</p> <p>I certify that the above change is supported by documentation on file.</p> <p>_____ Signature</p> <p>_____ Date</p> | <p>MANAGER/SUPERVISOR</p> <p>I certify that I have reviewed the above change.</p> <p>_____ Signature</p> <p>_____ Date</p> | <p>KEY ENTRY OPERATOR</p> <p>I certify that the above data was entered into PMS.</p> <p>_____ Signature</p> <p>_____ Date</p> |
|---|---|--|

Distribution
 White Copy - Payroll
 Yellow Copy – Human Resources