

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

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)

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

<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>
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Distribution
 White Copy - Dean of Faculty
 Canary Copy – Payroll
 Pink Copy – Human Resources