

THE SCHOOL DISTRICT OF PHILADELPHIA
PAYROLL DEPARTMENT
440 N. BROAD STREET - SUITE G-4
PHILADELPHIA, PA 19130

EMPLOYEE CHANGE OF RESIDENTIAL ADDRESS

SOCIAL SECURITY NUMBER

_____ - _____ - _____

(PRINT ALL ENTRIES)

LAST NAME FIRST NAME MI HOME PHONE

APARTMENT NAME APARTMENT NO.

HOUSE NO. DIR STREET NAME

CITY STATE ZIP

Signature: _____ Date: _____

(Employees are required to maintain a current residential address on file in the Payroll Department)

MAIL OR FAX THIS FORM WITH A PHOTOCOPY OF YOUR
SCHOOL DISTRICT EMPLOYEE PHOTO ID
OR OTHER GOVERNMENT ISSUED PHOTO ID TO:
PAYROLL DEPARTMENT
440 N. BROAD STREET - SUITE G-4
PHILADELPHIA, PA 19130
FAX #: 215 - 400 - 4491