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