

**SEMINOLE COMMUNITY COLLEGE**  
**Human Resources**

**Change of Address/Telephone**

**Effective Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

Number and Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:**

( ) Home \_\_\_\_\_

( ) Work \_\_\_\_\_

( ) Other \_\_\_\_\_ **Type:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

Number and Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

\*\*\*\*\***FOR HUMAN RESOURCES USE ONLY**\*\*\*\*\*

**Entered into system:** \_\_\_\_\_

Initials

Date

**Copy to Benefits:** \_\_\_\_\_

Initials

Date