



# Solano Community College District

## Notification of Address Change

**Employee Instructions:** Complete Sections 1 and 2 and submit to Human Resources. This form will be used to update your information with the District and the appropriate retirement system.

**Section 1: Employee Information**

Employee Name \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Employee ID # \_\_\_\_\_

New Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Section 3: To be completed by Human Resources**

Date Received \_\_\_\_\_

Employee Type  Faculty     Adjunct     ALG     CSEA     Local 39     Temporary     Student Hire

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**HR Actions:**

Action	Date	HR Initial
Banner Updated (PPAIDEN)		
Notification in Employee Personnel File		
Form sent to Fiscal for notification to CalSTRS/CalPERS and Health/Welfare Benefits		