|  |  |
| --- | --- |
| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | Community Colleges of SpokaneADDRESS CHANGE FORM |
|  |  |  |  |  |
| Complete this form to let us know what address to send information and e-mail to payroll@ccs.spokane.edu or fax to 509-434-5279 – be sure to note: “***Attention Payroll Department***.”If there are any questions, you are welcome to contact Payroll at 509-434-5286. |
|  |
| Date: |  | System identification number (SID) |  |
| Last name |  | First |  | M.I. |  |
| Contact number (for any questions): |       | e-mail: |       |
|  |  |
| **CURRENT STATUS** |
| [ ]  Current employee of CCS [ ]  Former employee of CCS (please note below the last status while at CCS) |
|  |
| **EMPLOYEE STATUS** |
| [ ]  Full-time [ ]  Hourly [ ] Part-time Faculty [ ]  Work-study |
|  |
| **ADDRESS UPDATE FOR** |
| **PERMANENT HOME** - This is where your W-2 will be sent. |
|  |
| Street |  | City |  | State |  | ZIP |  |
|  |
| **LOCAL HOME (if different)** This is for checks - if no local home address provided, will use permanent address. |
| Street |  | City |  | State |  | ZIP |  |
|  |
|  |
| **OTHER CONTACT INFORMATION** |
| E-mail |  | Phone numbers | Home |  | Work |  |
|  |
| **EMERGENCY CONTACT** |
| Emergency Contact |       | Phone: |       |
|  |
|  |  |
| Comments:  |       |
|  |
| Signature |  | Date |  |