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