KINGSBOROUGH COMMUNITY COLLEGE
OF
THE CITY UNIVERSITY OF NEW YORK
CHANGE OF EMPLOYEE ADDRESS

NON-INSTRUCTIONAL STAFF

PRINT NAME: _____ CD: _____

DOCUMENT NUMBER: _____   5 ( ) (5 (1 & (NUMBER: _____

NEW ADDRESS: _____

_____

_____

CITY: _____ STATE: _____ ZIP CODE:_____ COUNTY*_____

TELEPHONE #:_____ DEPARTMENT: _____

PREVIOUS NAME: (IF CHANGED) _____

DID YOU RESIDE IN THE CITY OF NEW YORK PRIOR TO CHANGE? ____ YES ____ NO (CHECK ONE)

SIGNATURE DATE	*COUNTY CODE KEY			
	A – ALBANY	F – WASH DC	M – MANHATTAN	R - RICHMOND
	B – BROOKLYN	G – GREENE	N – NASSAU	S – SUFFOLK
	C – COLUMBIA	H – SCHOHARIE	O – ORANGE	U – ULSTER
_____ _____	D – DUTCHESS	K – ROCKLAND	P – PUTNAM	W – WESTCHESTER
	E – DELAWARE	L – SULLIVAN	Q – QUEENS	X – BRONX
				Z – OTHER

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ DO NOT WRITE BELOW THIS LINE _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

	MANAGER/SUPERVISOR	KEY ENTRY OPERATOR
	I certify that I have reviewed the above change.	I certify that the above data was entered into PMS.
	Signature	Signature
		Date