

**ALEXANDER CITY BOARD OF EDUCATION**

**Address Change**

**Name Shown on Payroll:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_

**New Phone #:** \_\_\_\_\_

**Social Security #:**   XXX-XX-      

**School or Location:** \_\_\_\_\_

**Job Position or Title:** \_\_\_\_\_

I give permission to have my address changed on all of my employee records and files.

\_\_\_\_\_

\_\_\_\_\_

**Employee's signature**

**Date**

Please notify your school payroll secretary of any changes.