

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

EMPLOYEE ADDRESS CHANGE

Employee ID Number: \_\_\_\_\_ Worksite: \_\_\_\_\_ Position: \_\_\_\_\_

Employee Name: \_\_\_\_\_

PHYSICAL ADDRESS:

MAILING ADDRESS IF DIFFERENT:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Apartment Number

\_\_\_\_\_  
Apartment Number

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

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

\_\_\_\_\_  
Area Code, Phone Number

INDICATE IF PHONE NUMBER IS  
UNLISTED: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

---

---

**FOR HUMAN RESOURCES USE ONLY**

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

White: Human Resources  
Yellow: Worksite

An Equal Opportunity Agency

FC-120-0617 (Rev. 02/12/08)