



OFFICE OF HUMAN RESOURCES
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CHANGE OF ADDRESS – NAME – PHONE NUMBER

CLASSIFIED

FACULTY

MANAGEMENT

STUDENT/TEMPORARY

Name: _____

Colleague ID: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

E-mail Address: _____

Mail Check – Send check to above address.

If name change, enter former name: _____

If effective date is other than immediate, enter date: _____

Signature: _____

Date: _____