

OHLONE COLLEGE

Memorandum

TO: Human Resources

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT: Change of Address

Employee Name: \_\_\_\_\_  
(Please print)

Social Security Number: \_\_\_\_\_

Employee Status: Full-time Faculty  
Part-time Faculty  
Classified Staff  
Administration  
Other Hourly  
Student  
Retiree

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

New Phone Number: \_\_\_\_\_

Signature of Employee \_\_\_\_\_