

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

**INSTRUCTIONAL STAFF**

PRINT NAME: \_\_\_\_\_ CD: \_\_\_\_\_

DOCUMENT NUMBER: \_\_\_\_\_ REFERENCE 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  _____	<p style="text-align: center;">*COUNTY CODE KEY</p> <table style="width: 100%; font-size: small;"> <tr> <td>A – ALBANY</td> <td>F – WASH DC</td> <td>M – MANHATTAN</td> <td>R – RICHMOND</td> </tr> <tr> <td>B – BROOKLYN</td> <td>G – GREENE</td> <td>N – NASSAU</td> <td>S – SUFFOLK</td> </tr> <tr> <td>C – COLUMBIA</td> <td>H – SCHOHARIE</td> <td>O – ORANGE</td> <td>U – ULSTER</td> </tr> <tr> <td>D – DUTCHESS</td> <td>K – ROCKLAND</td> <td>P – PUTNAM</td> <td>W – WESTCHESTER</td> </tr> <tr> <td>E – DELAWARE</td> <td>L – SULLIVAN</td> <td>Q – QUEENS</td> <td>X – BRONX</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Z – OTHER</td> </tr> </table>	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
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			Z – OTHER																							

----- DO NOT WRITE BELOW THIS LINE -----

<p style="text-align: center;"><b>PREPARER</b></p> <p>I certify that the above change is supported by documentation on file.</p> <p>_____ Signature</p> <p>_____ Date</p>	<p style="text-align: center;"><b>MANAGER/SUPERVISOR</b></p> <p>I certify that I have reviewed the above change.</p> <p>_____ Signature</p> <p>_____ Date</p>	<p style="text-align: center;"><b>KEY ENTRY OPERATOR</b></p> <p>I certify that the above data was entered into PMS.</p> <p>_____ Signature</p> <p>_____ Date</p>
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Distribution  
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