



Peralta Community College District

Change of Address Form

Return Original Signed form to the Human Resources Office

(Employee Name) _____ is authorizing Peralta Community College District to update and change my address/contact information.

Employee Name: _____

Employee ID: _____ College/Department: _____

Status (check one):

- Management Faculty Classified Hourly/Short-term Retiree Student Worker

NEW ADDRESS:

--

NEW TELEPHONE NUMBERS:

Cell Phone	
Home	
Other	

NEW EMAIL ADDRESS:

--

PREVIOUS ADDRESS:

--

Signature: _____ **Date:** _____

Return Original Signed form to the:
PCCD Human Resources Office
333 East Eighth Street, Oakland, CA 94606