

# BOYD COUNTY BOARD OF EDUCATION

## ADDRESS CHANGE FORM

Return this form to Payroll Department at Central Office upon Completion

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NAME \_\_\_\_\_

SOC. SEC. NUMBER \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Is this a new phone number? Yes or No

*(Required)*

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

OLD ADDRESS:

NEW ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **Central Office Use Only**

COMPUTER \_\_\_\_\_

TIMECLOCK \_\_\_\_\_

HEALTH/LIFE/RETIREMENT \_\_\_\_\_

FINANCE \_\_\_\_\_