



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
COMPENSATION & EMPLOYEE INFORMATION SERVICES

## Address and/or Telephone Number Change for Former Employees

Today's Date \_\_\_\_\_

Employee ID # \_\_\_\_\_ OR Employee SS # XXX - XX - \_\_\_\_\_

Employee Name (first, middle initial, last) \_\_\_\_\_

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### FORMER ADDRESS/PHONE NUMBER

Former Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Home Phone # \_\_\_\_\_ Former Cell Phone # \_\_\_\_\_

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### NEW ADDRESS/PHONE NUMBER

New Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

New Home Phone # \_\_\_\_\_ New Cell Phone # \_\_\_\_\_

Mail to: The School District of Palm Beach County  
Compensation & Employee Information Services  
3300 Forest Hill Blvd., Suite A-152  
West Palm Beach, FL 33406

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

OR

Fax to: Compensation & Employee Information Services  
(561) 434-8383