

ADDRESS CHANGE

EMPLOYEE INSTRUCTIONS:

1. Use this form to change your address.
2. Return this signed form to the Benefits and Compensation Department by email at benefits@rvaschools.net. Incomplete forms will be returned.

Last Name, First Name, MI

Employee ID Number

Last Four of SSN

Current Address

Address

City, State, Zip

Phone Number

New Address

Address

City, State, Zip

Phone Number

Employee Signature

Date

For Benefits and Compensation
Department Use Only

Input by

Date

RETURN TO THE BENEFITS AND COMPENSATION DEPARTMENT AT [BENEFITS@RVASCHOOLS.NET](mailto:benefits@rvaschools.net)