



Brooks County Independent School District  
 Payroll/Personnel Department  
 PO Box 589  
 Falfurrias, Tx 78355  
 361-325-8006



**CHANGE OF ADDRESS NOTIFICATION**

EMPLOYEE ID 

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NAME: \_\_\_\_\_  
 (PLEASE PRINT IN BLACK INK OR TYPE)

**OLD MAILING ADDRESS:**

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

**OLD PHONE NUMBER:**

**NEW MAILING ADDRESS:**

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

**NEW PHONE NUMBER:**

Signature \_\_\_\_\_ Date signed \_\_\_\_\_  
 (Required before address will be updated.)

**THIS FORM IS USED TO MAKE CORRECTIONS TO YOUR MAILING ADDRESS. IF YOU HAVE A NAME CHANGE OR TO CORRECT A SOCIAL SECURITY NUMBER, CONTACT THE PERSONNEL / PAYROLL DEPT.**

<b>FOR OFFICE USE ONLY</b>	
ASCENDER	_____
TRS	_____
FBS	_____
HR	_____
BUSINESS OFFICE	_____

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