Rev 2/13/2024

Gwinnett County Public Schools
Employee Address Change Form

Instructions: Please complete this form and return to Human Resources by following the instructions below.

General Information (Required of everyone)

Please check box if you are a GRS Retiree. ☐

First Name _____ Last Name _____ Employee ID (required) _____

Position _____ Location _____

Address and Telephone Changes

Former Address Information:

Street _____

Apartment Number or PO Box _____

City _____

State _____ Zip _____

Preferred Telephone Number _____

New Address Information:

Street _____

Apartment Number or PO Box _____

City _____

State _____ Zip _____

Preferred Telephone Number _____

Employee Signature

Employee Signature *(If signing electronically - type first and last name)* _____ Date _____

If signing electronically: I understand that checking this box constitutes a valid signature (required). ☐

<u>If returning the form electronically:</u>

Submit to Human Resources

<u>If returning the paper form, please send via mail or fax to the address / number below:</u>

Gwinnett County Public Schools
Human Resources / Employee Data Changes
437 Old Peachtree Road NW
Suwanee, GA 30024
Fax (678) 442-5193