



EMPLOYEE CHANGE OF ADDRESS FORM

Employee Information

Employee Name: _____

Phone Number: _____

New Permanent Address

Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (If Different from Permanent Address)

Same as Permanent Address

Mailing Street Address: _____

City: _____ State: _____ ZIP: _____

Student Information

Do you have child(ren) currently attending a district campus? Yes No

If applicable, the district will notify the student's campus(es) to update address records accordingly.

Student Name	Campus/School

Employee Certification

I certify that the information provided above is accurate and understand that this information will be used to update district records.

Employee Signature: _____ Date: _____

Completed forms should be returned to Human Resources or Payroll Department
HR: Lydia.Rodriguez@KerrvilleISD.net
Payroll: Christina.Chacon@KerrvilleISD.net