



CHANGE OF ADDRESS

Change From:

Last Name	First Name	Middle Initial
Street Address/PO Box/Apt #		Phone Number
City	State	Zip Code

Change To:

Last Name	First Name	Middle Initial
Street Address/PO Box/Apt#		Phone Number
City	State	Zip Code

(School district information below must be complete for school district tax to be withheld.)

School District you reside in: _____
 School District number: _____ ([Click here](#) to find School District #)

Signature	Date
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Click here (slewis@c-tec.edu) to email Sheila Lewis or internal mail.

FOR ADMINISTRATION ONLY

Date Received: _____ Received By: _____

Address changed in payroll system	_____	_____
	Date	Initials

School district income tax withholding set up	_____	_____
	Date	Initials