

**COLUMBIA PUBLIC SCHOOLS
INTEROFFICE CHANGE OF ADDRESS
(PLEASE PRINT)**

CURRENT DATE: _____

EFFECTIVE DATE: _____

SOCIAL SECURITY NUMBER: _ _ _ - _ - _ _ _ _

CPS ID NUMBER: _ _ _ _ _

NAME: _____

ADDRESS: _____

Street

City, State & Zip Code

TELEPHONE: _____

For Business Office Use Only

_____ Payroll

_____ Accts. Payable

_____ Employee Benefits

Signature Required

REV 07/05

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