



XENIA
COMMUNITY SCHOOLS

Employee Change of Address Form

Name: _____

Last Four of SSN#: _____

NEW Street Address: _____

City, State, Zip: _____

Phone #: _____

Does this result in a change of school district? Yes ___ No ___

If yes, new school district: _____

Signature: _____ Date: _____

Treasurer's Office Copy : _____

Personnel File: _____