



PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
Address Change Form for Active Employees

Employee Name: _____ **Employee ID:** _____
(Please Print)

Phone: _____

Old Address: _____

(Please Print) _____

New Address: _____

(Please Print) _____

By signing this, I authorize Palm Beach County or its representatives to change my address as indicated above. Please sign and date below certifying this information is correct and attach a copy of your photo ID or valid driver's license as verification of identification.

Employee Signature: _____ **Date:** _____

Completed by: _____ **Date:** _____

For Internal Use Only:

Department Liaisons,

Please ensure that this document is scanned into the employee's profile in HRIS. The new scanned document will become the official original. Once scanned, you may destroy the paper copy.

***Please note: Some employees' addresses are confidential. To be on the safe side, please shred any paper versions of this form.**

Steps:

1. Verify the employee's identity.
2. Enter the new address into HRIS.
3. Upload this document into the employee's profile under "Address Change Form" as your backup documentation.
4. Shred the paper version. The electronic form now becomes the official document.