

CHANGE OF ADDRESS FORM

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(DATE)

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(NAME)

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(STREET/POST OFFICE BOX)

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(CITY/STATE/ZIP)

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(PHONE NUMBER)

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(EFFECTIVE DATE)

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(EMPLOYEE'S SIGNATURE)

**PLEASE COMPLETE THE ABOVE INFORMATION AND RETURN TO:**

**PICAYUNE SCHOOL DISTRICT**

**ATTN: PAYROLL DEPARTMENT**

**706 GOODYEAR BOULEVARD**

**PICAYUNE, MS 39466**

**CURRENT ADDRESS IS NEEDED FOR PAYROLL, BENEFITS, RETIREMENT  
INFORMATION AND ANY OTHER WORK-RELATED MAIL.**