

# Employee Address Form California

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## ADDRESS UPDATE REQUEST

Type of Address	Old Address	New Address
Residential Address	[Previous Address]	[Updated Address]
Mailing Address	[Previous Address]	[Updated Address]
Emergency Contact Address	[Previous Address]	[Updated Address]

Reason for Change:

- Relocation
- Updated Mailing Address
- Correction of Errors
- Other: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

## VERIFICATION DOCUMENTS (ATTACH ANY ONE)

- State-issued ID
- Utility Bill (Last 2 Months)
- Lease Agreement
- Official Bank Statement

## EMPLOYEE AUTHORIZATION

I, [Employee Name], authorize the company to update my records as per the provided details.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_