

THE SCHOOL DISTRICT OF PHILADELPHIA  
PAYROLL DEPARTMENT  
440 N. BROAD STREET - SUITE G-4  
PHILADELPHIA, PA 19130

**EMPLOYEE CHANGE OF RESIDENTIAL ADDRESS**

**EMPLOYEE ID**

\_\_\_\_\_ - \_\_\_\_\_

(PRINT ALL ENTRIES)

\_\_\_\_\_  
**LAST NAME                      FIRST NAME                      MI                      HOME PHONE**

\_\_\_\_\_  
**APARTMENT NAME    APARTMENT NO.**

\_\_\_\_\_  
**HOUSE NO.                      DIR                      STREET NAME**

\_\_\_\_\_  
**CITY                                      STATE                                      ZIP**

\_\_\_\_\_  
**Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**(Employees are required to maintain a current residential address on file in the Payroll Department)**

MAIL, FAX OR EMAIL THIS FORM WITH A PHOTOCOPY OF YOUR  
SCHOOL DISTRICT EMPLOYEE PHOTO ID  
OR OTHER GOVERNMENT ISSUED PHOTO ID TO:  
PAYROLL DEPARTMENT  
440 N. BROAD STREET - SUITE G-4  
PHILADELPHIA, PA 19130  
EMAIL: PAYROLLHELP@PHILASD.ORG  
FAX #: 215 - 400 - 4491