

**STATE OF OHIO  
EMPLOYEE CHANGE OF ADDRESS NOTICE**

PRESENT INFORMATION	ENTER CORRECT INFORMATION BELOW
PAYROLL NO. : SOC. SEC. NO.	
NAME :	
STREET ADDRESS :	
CITY AND STATE : ZIP	ZIP
COUNTY OF RESIDENCE :	
COUNTY OF EMPLOYMENT :	

**THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE, NOT BY THE PERSONNEL OFFICER.**

Please see instructions on back

ADM 4058 (5/95)

**INSTRUCTIONS**

**EMPLOYEE:**

- A. If the address information as shown is inaccurate, enter correction under new information.
- B. If address is accurate, check here \_\_\_\_.
- C. RETURN TO YOUR PERSONNEL OFFICER.

**PERSONNEL OFFICER:**

- A. If accurate, retain in your files until a change occurs.
- B. When employee reports he has moved, pull this form and show complete new address.
- C. Forward cards for corrections or changes as they occur, to:  
Department of Administrative Services  
Payroll Processing Section  
30 East Broad Street, 28th floor  
Columbus, Ohio 43215