

ST. JOHNS COUNTY, BCC

**PART-TIME ONLY**

CHANGE OF ADDRESS FORM

~~~Attention~~~

All full-time employees please change your address thru  
Plansource ~ <https://benefits.plansource.com/>

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OLD PHONE # \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_