

YCSD 336 7/05

## School District of the City of York, Pennsylvania "Together Everyone Achieves More"

## ADDRESS FORM

Name:	Date:		
	Date of Birth:		
Old Address:			
City:			
Telephone:			
New Address:			
City:			
Telephone:			
May the above telephone number			
School District in which you live: Township or Borough in which you	live:		
District Position:			er (man, or a part of the part
New Employeeyesno  DO NOT WRITE BELOW THIS LINE			
Date Hired:		District Wage Tax:	
First Working Day:	Townshi	p or Borough Wage 1	Tax
Position Code:			
ocation Code:			
Division Code:			
Department Code:		i	
Prepared By:	Date Entered	d Into System:	
original (Human Resources) Yellow (Pay	roll) Pir	nk (Benefits)	Gold (Act 48)