

DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECORD OF HOME ADDRESS

INSTRUCTIONS FOR COMPLETING THE FORM ARE ON THE REVERSE SIDE

(1) Nature of Action

9995

(2) Social Security Number

(3) Name

(Last)

(First)

(M.I.)

(4) Effective Date

(5) Street Address

(6) City

(7) County

(8) State

(9) Zip-Code

_____-____

Employee Signature

Date

PERSONNEL OFFICE USE ONLY

(10) Residence Location Code

(State)

(City)

(County)

INSTRUCTIONS FOR COMPLETING THE FORM

Item (1) - This item is already completed.

Item (2) - Write your social security number in the blocks.

Item (3) - Write your name, using the blocks for the first three letters of your last name.

Item (4) - Write the date you wish your home address entered into your record in the blocks on the form; e.g., January 1, 1990 would be written 010190. Do not choose a date any earlier than the beginning of the pay period during which you submit this form to your personnel office for processing.

Item (5) - Write your street address in the blocks. Use only letters and numbers. Do not use punctuation marks or any other characters which are not letters or numbers. Leave one space between words or groups of numbers.

Item (6) - Write the name of your city in the blocks. Leave one space between words.

Item (7) - Write the name of your County in the blocks. Leave one space between words.

Item (8) - Choose the correct two-letter abbreviation for the name of your state from the list below and write it in the blocks.

Alabama	AL	Idaho	ID	Nebraska	NE	South Dakota	SD
Alaska	AK	Illinois	IL	Nevada	NV	Tennessee	TN
Arizona	AZ	Indiana	IN	New Hampshire	NH	Trust Territories	TT
Arkansas	AR	Iowa	IA	New Jersey	NJ	Texas	TX
American Samoa	AS	Kansas	KS	New Mexico	NM	Utah	UT
California	CA	Kentucky	KY	New York	NY	Vermont	VT
Canal Zone	CZ	Louisiana	LA	North Carolina	NC	Virginia	VA
Colorado	CO	Maine	ME	North Dakota	ND	Virgin Islands	VI
Connecticut	CT	Maryland	MD	Ohio	OH	Washington	WA
Delaware	DE	Massachusetts	MA	Oklahoma	OK	West Virginia	WV
District of Columbia	DC	Michigan	MI	Oregon	OR	Wisconsin	WI
Florida	FL	Minnesota	MN	Pennsylvania	PA	Wyoming	WY
Georgia	GA	Mississippi	MS	Puerto Rico	PR		
Guam	GU	Missouri	MO	Rhode Island	RI		
Hawaii	HI	Montana	MT	South Carolina	SC		

Item (9) - Write your zip code in the blocks. If you are not sure of the correct zip code, check the listing in the National Zip Code Directory.

Signature and Date - Sign and date the form and submit it to your personal office.

Item (10) - Your personnel office will complete this item.

INFORMATION TO EMPLOYEE

Title 5 USC 5504 and Executive Order 9397 authorize the collection of the information requested on this form, including the social security number. The information you disclose, including your social security number, will be used to enter your correct home address in payroll and personnel records for official purposes. The information may also be used: a) by the Department of the Treasury in preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; b) to prepare W-2 forms for the Internal Revenue Service, state and city revenue departments to inform them of earned income and amount of tax withheld; c) by state offices of unemployment compensation in connection with claims filed by former HHS employees; d) by a Federal, state or local agency for investigating or prosecuting a violation or potential violation of law; e) by the Office of Personnel Management in carrying out its functions; and f) for other routine uses published in accordance with 5 USC 552a. Your failure to disclose the information requested, including your social security number, will result in the personnel and payroll offices not being able to take any necessary actions which require use of your home address for official purposes.