

W-2 requested

**Seattle Community Colleges  
Employee Address Change Notification**

TO: Payroll Department, Siegal Center, 1DO-100

FROM: Name: \_\_\_\_\_

Social Security # or SID # \_\_\_\_\_

Please change my record to the following:

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Campus/Division: \_\_\_\_\_ Mailstop: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Send your form:**

Inter-campus mail: Payroll Department, Seigal Center, 1DO100

E-mail (from your SCCD Outlook account only): [dhernandez@sccd.ctc.edu](mailto:dhernandez@sccd.ctc.edu)

Fax: 206 287-5523

Mailing Address: 1500 Harvard Ave, MS 1DO-100/Payroll Dept., Seattle WA 98122

Questions call (206) 587-6982 or 587-4112

**\*IMPORTANT:** To protect the integrity of an employee's information, only request for data changes submitted by the employee can be accepted.