



Oak Ridge Schools
HUMAN RESOURCES

CHANGE OF ADDRESS

Name: _____ Date _____
_____ School/Location _____ Social Security Number (last four digits)

NEW ADDRESS

Street Address: _____

PO Box(optional): _____

City/State/Zip: _____

County: _____

Primary Home
Telephone: Cell _____

Secondary Home
Telephone: Cell _____

Work
Telephone: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Phone(s): _____

Relationship: _____

Employee Signature: _____

RETURN TO THE HUMAN RESOURCES DEPARTMENT

Employee is responsible for updating TNCompass