



Richland-Bean Blossom Community School Corporation  
**EDGEWOOD SCHOOLS**  
Caring. Daring. Preparing.

RBBCSC EMPLOYEE  
**CHANGE OF ADDRESS FORM**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Please send form to Payroll via office mail, fax to 812-876-7020 or email Jon Keifer  
jkeifer@rbbschools.net