STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

Official Use Only
CHECKED BY:
a) b) c)

CHANGE OF ADDRESS AND CHECK DISBURSEMENT

FORM NO. DS-OS-C17 (REV 1/2000)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquires on information maintenance to your IPA Officer.

NOTE: REPORT ALL CHANGES IMMEDIATELY & COMPLETE ENTIRE FORM

(All Structures personnel affected by this change should submit their own Change of Address form.)

New Fax # for this Form Only (916) 227-8181

NAME (PRINT OR TYPE)	** Employee ID #	UNIT #

ASSIGNED AS:

☐ Resident Engineer ☐ Structure Representative ☐ Assistant Structure Rep.

ASSISTANT STRUCTURE REPRESENTATIVES PLEASE COMPLETE THE FOLLOWING:

DATE OF ASSIGNMENT	STRUCTURE REP. ASSIGNED TO (NAME)

PERMANENT RESIDENCE MAILING ADDRESS:

1	MAILING ADDRESS	HOME TELEPHONE	
	CITY	STATE	ZIP CODE
	STREET ADDRESS (If P.O. Box used above)	STATE	ZIP CODE

FIELD OFFICE MAILING ADDRESS (If you are an Assistant Structure Rep. this must be the same as the Structure Rep)**:**

2	MAILING ADDRESS	FIELD OFFICE TELEPHONE		FIELD OFFICE FAX NUMBER
	CITY	STATE	ZIP CODE	CELLULAR PHONE NUMBER
	FIELD OFFICE STREET ADDRESS (If P.O. Box used above)	E-MAIL ADDRESS @dot.ca.gov		PERSONAL PAGER NUMBER

RESIDENCE MAILING ADDRESS WHILE ON THIS ASSIGNMENT:

3	MAILING ADDRESS ☐ Check box if same as address #1	HOME TELEPHONE	
	CITY	STATE	ZIP CODE

IN CASE OF ACCIDENT PLEASE NOTIFY:

NAME	RELATION	DAY TELEPHONE #	EVENING TELEPHONE #
HOME ADDRESS	CITY	STATE	ZIP CODE

Please indicate where you would like your paycheck (or direct deposit receipt), overtime check (or direct deposit receipt), and TEC's sent to by putting the appropriate address number (1,2, or 3) in the space provided below:

[ ] PAYCHECK [ ] OVERTIME [ ] TEC, CEV'S

SIGNATURE DATE

Please mail completed form to DSC or fax form to DSC at (916) 227-8181.

** Employee ID # Can be found on a print out of your TRS timesheet.

FM 92 1531