

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
RECORD OF HOME ADDRESS**

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**INSTRUCTIONS FOR COMPLETING THE FORM ARE ON THE BOTTOM**

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**(1) Social Security Number**

**(2) Name**

(Last)

(First)

(M.I.)

**(3) Effective Date**

**(4) Street Address**

**(5) City**

**(6) State**

**(7) Zip Code**

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**Employee Signature**

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**Date**

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**PERSONNEL OFFICE USE ONLY**

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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 W-2 forms for the Internal Revenue Service, state and city revenue departments to inform them of earned income and amount of Treasury in preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; b) to prepare 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.

**RETURN TO YOUR PERSONNEL OFFICE**