

How to Change Your Mailing Address

If you would like to change your mailing address, you will need to submit an Employee Action Request (EAR) form. This ensures the change is accurately recorded and submitted via the correct channels.

1. Go to **Your CA Health Corps Portal**.
2. Go to the **Resources** tab in the menu bar.
3. Click on **"Employee Action Request - STD 686"**.
4. Download or print the PDF.
 - a. Note: The PDF is fillable, so you can fill in the fields directly from your computer once you download it.
5. **Complete the EAR form fields for an address change:** At the top of the EAR form, in Section B, check the box indicating "04 - Address Change". Next, as indicated, you will fill out Sections C, F, and I.

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV 10/2019)(FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243). See also retirement beneficiary information on reverse side of employee copy.

PERSONNEL OFFICE USE
 A 01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYED

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.

B 01 ☐ New Employee SECTIONS C, E, F, G, H, I 03 ☐ Withholding Allowance Change SECTIONS C, E, I 04 ☒ *Address Change SECTIONS C, F, I 05 ☐ Name Change (with substantiation) SECTIONS C, D, I 07 ☐ Birthdate Correction SECTIONS C, H, I

RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.

- a. For **Section C**, enter your Social Security Number, Last Name and First Name.

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 02 EMPLOYEE LAST NAME 03 FIRST NAME AND MIDDLE INITIAL

NAME CHANGE
 D FORMER NAME (Last, First, and Middle)

- b. For **Section F**, enter your **NEW** address, city, state, and zip code.

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse, employee copy

F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box) 02 CITY STATE 03 ZIP CODE

04 EMPLOYMENT LIST
☐ Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See back, employee copy)

WORK PHONE HOME PHONE

- c. For **Section I**, sign and date.

NEW EMPLOYEE OR BIRTHDATE CORRECTION
 H BIRTHDATE MO DAY YR

EMPLOYEE SIGNATURE
 I I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable State form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that I will incur no liability this year. I authorize my employer via the State Controller's Office to refund any overcollection of current/prior year Social Security and Medicare taxes. I certify that I shall not claim a tax refund or credit for these overcollections.

PERSONNEL OFFICE USE
 J REVIEWER'S SIGNATURE DATE PHONE NUMBER

6. Save as a PDF.
7. Send your completed EAR form to COVID19Hiring@cdph.ca.gov with the the following subject line: **First & Last Name - Address Change EAR Form [secure]**
8. Now that your EAR form has been completed and submitted, your mailing address will be updated in our system.