

# CONTACT UPDATE FORM

## CASE INFORMATION

Appellant/Complainant Name:	SPB Case No.:
<input type="text"/>	<input type="text"/>

## UPDATE INFORMATION

Type of Update: <input type="checkbox"/> Contact Information Change <input type="checkbox"/> Remove Contact <i>*Party is no longer affiliated with this case</i>	Party Affiliation: <input type="checkbox"/> Appellant <input type="checkbox"/> Appellant's Representative <input type="checkbox"/> Respondent's Representative <input type="checkbox"/> Other: <input type="text"/>
---	---

## CONTACT INFORMATION

Contact Name (First, Middle Initial, Last):	Email Address:		
<input type="text"/>	<input type="text"/>		
Department/Organization:	Class Title:		
<input type="text"/>	<input type="text"/>		
Street Address (Line 1):	Street Address (Line 2):		
<input type="text"/>	<input type="text"/>		
City:	State:	Zip Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary Phone Number:	Secondary Phone Number:	Fax Number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Parties are responsible for informing the SPB of a change in address no later than one week after the change, pursuant to California Code of Regulations, title 2, section 52.2. Filing is preferred by electronic mail at [appeals@spb.ca.gov](mailto:appeals@spb.ca.gov). This form may also be filed via facsimile at (916) 654-6055, or by mail or hand-delivery to:

State Personnel Board  
Attn: Evidentiary Appeals Division  
801 Capitol Mall, 3rd Floor  
Sacramento, CA 95814

By signing this document, I certify that the information on this form is correct.

Signature: \_\_\_\_\_ Date:

*Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)*

**STATE PERSONNEL BOARD - PROOF OF SERVICE**

Appellant/Complainant Name:  Department/Organization:  SPB Case No.:

Name of Party Serving Documents:  Name of Attorney (if any):

Name of Person Serving Documents:  County where documents were mailed or transmitted:

Street Address of Person Serving Documents (Line 1):  Street Address (Line 2):

City:  State:  Zip Code:

Email Address:  Fax Number:

On (date): , I served the following document(s):  
*Document Title:*   
*Document Title:*

Name of Person Served:   
On the following person:

Department or Organization of Person Served:

Street Address of Person Served (Line 1):  Street Address (Line 2):

City:  State:  Zip Code:

Email Address:  Fax Number:

<b><u>BY PERSONAL SERVICE:</u></b>	I personally delivered the document(s) to the persons at the addresses listed above. Delivery was made to the representative or at the representative's office by leaving the document(s) in an envelope clearly labeled to identify the representative being served, with an individual in charge of the office, between the hours of 9 in the morning and 5 in the evening.
<b><u>BY U.S. MAIL:</u></b>	I enclosed the above document(s) in a sealed envelope or package addressed to the addresses above and deposited it with the United States Postal Service with the postage fully prepaid. I am a resident in the county where the mailing occurred.
<b><u>BY OVERNIGHT DELIVERY:</u></b>	I enclosed the above document(s) in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses above. I placed the envelope, or package, for collection at an office or regularly utilized drop box of the overnight delivery carrier.
<b><u>BY FACSIMILE:</u></b>	Based on an agreement of the parties to accept service by fax transmission, I faxed the document(s) to the persons at the fax numbers listed above. No error was reported by the fax machine that I used. A copy of the record of the fax transmission is attached.
<b><u>BY ELECTRONIC MAIL:</u></b>	Based on an agreement by the parties to accept electronic service [pursuant to Cal. Code of Civil Procedures, § 1010.6 (a)(1)(A)], I caused the document(s) to be sent to the persons at the electronic service address listed above.

At the time of service, I was over the age of 18 years and not a party to this action. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, and that this declaration was executed on the date and at the location stated below.

Signature:  Date:  Location:

*Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)*