



CONTACT UPDATE FORM

[†] Appellant Name:	[†] SPB Case No:	[†] Date:
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[†] Type of update:	
<input type="checkbox"/> Contact Information Change	<input type="checkbox"/> Remove Contact — <i>No Longer Affiliated</i>
[†] Contact Type(s):	<i>If Other Please Specify:</i>
<input type="checkbox"/> Appellant <input type="checkbox"/> Appellant Representative <input type="checkbox"/> Respondent Representative <input type="checkbox"/> Other	

[†] Contact Name: <i>(First, Last, Middle Initial)</i>		[†] Title:
[†] Department/Organization:	[†] Email Address:	
[†] Primary Phone Number:	[†] Secondary Phone Number:	[†] Fax Number:

[†] Street Address: <i>(Line One)</i>		
[†] Street Address: <i>(Line Two)</i>		
[†] City:	[†] State:	[†] Zip Code:

[†] Denotes required field

Please submit this completed form via email to appeals@spb.ca.gov. This form may also be submitted via regular mail to State Personnel Board, Appeals Division, 801 Capitol Mall, Sacramento, CA 95814 or by fax to (916) 654-6055.

By signing and dating below, I certify that the information on this form is correct

Signature:

Date:

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 51.2 (q)