

America's Job Center of California Change Form – Type 3

I. Enter current information prior to any changes (to be completed by partner staff)

Today's Date: _____

County: _____

Office Name: _____

Street Address: _____

City: _____

Zip Code: _____

Local Workforce Development Board: Operator: _____

Effective Date of Change: _____

Yes No
EDD Staff:
Veteran Rep:

II. Enter new information

ITEM NO.	Action Codes			
	A	C	D	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name, Physical Address, City, State, and Zip
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mailing Address (if different)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	County
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Phone
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Fax
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TTY Number
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hours
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Level
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Workforce Development Board
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Web Site Address
12 (not for publication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office/Site Manager
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Email Address
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone Number

Key: A= Add, C= Change, D= Delete

III. Approval

Contact Name (if different from item 10) Phone Email

Office Manager/Administrator (print name and title) Signature Date