



### CONTACT UPDATE FORM

<sup>†</sup> Appellant Name:	<sup>†</sup> SPB Case No:	<sup>†</sup> Date:
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<sup>†</sup> Type of update:	
<input type="checkbox"/> Contact Information Change	<input type="checkbox"/> Remove Contact — <i>No Longer Affiliated</i>
<sup>†</sup> 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	

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

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

<sup>†</sup> Denotes required field

Please submit this completed form via email to [appeals@spb.ca.gov](mailto: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)*