Employer Change Form

Please complete the information below and provide a daytime phone number where you can be reached for verification. This information may be used to issue a wage withholding. When done you can print the form and mail to:

Placer County DCSS
11795 Education Street, #101
Auburn, CA 95602

Or click on submit and the form will be sent by e-mail to this department.

Name:

Case Number:

Daytime Phone Number:

Previous Employer Name:

New Employer Name:

New Employer Address:

City State Zip Code

New Employer Phone Number: