

MSCAMPC 5300/1 (Rev. 4-98) CHANGE OF ADDRESS CARD		PRIVACY ACT STATEMENT ON FACE OF CARD	PRINT OR TYPE 1 CARD ONLY
EMPLOYEE INSTRUCTIONS: Complete all items as appropriate, except #6. Check address block(s) that need to be changed, otherwise leave blank. PRINT OR TYPE all information. If filed aboard ship, give this card to Purser. If none assigned, to Master for mailing to address on face of card. Enter the word "SAME" where address info is the same.			
1. PRINT FIRST, MIDDLE INITIAL, LAST NAME		SOCIAL SECURITY NUMBER	
2. TYPE OF EMPLOYMENT (CHECK ONE)		<input type="checkbox"/> CIVMAR	<input type="checkbox"/> MSCPAC STAFF
WHERE EMPLOYED: SHIP/DEPT		DEPT/CIV CODE	
3. <input type="checkbox"/> HOME ADDRESS FOR CHECKS, LES, W-2, LETTER, ORDERS (PAYROLL USE) (PERSONNEL USE) TELEPHONE NUMBER: ()		6. FOR OFFICIAL USE DATE ENTERED EMR Clerk init _____ DATE ENTERED DCPDS Clerk init _____	
4. <input type="checkbox"/> EMERGENCY: NAME: CONTACT ADDRESS (PERSONNEL USE) TELEPHONE NUMBER: ()		DATE ENTERED DCPDS Clerk init _____	
5. SIGNATURE (see conditions on face of card)		DATE	FINAL DISPOSITION <input type="checkbox"/> FILE <input type="checkbox"/> PERS <input type="checkbox"/> OPF

MAIL TO: Afloat Personnel Management Center
Management Information Technology Division
P. O. Box 120
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