



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 — No Longer Affiliated
[†] Contact Type(s):	If Other Please Specify:
<input type="checkbox"/> Appellant <input type="checkbox"/> Appellant Representative <input type="checkbox"/> Respondent Representative <input type="checkbox"/> Other	

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

[†] Street Address: (line one)		
Street Address: (line two)		
[†] City:	[†] State:	[†] Zip Code:

[†] Denotes required

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, § 52.1 (c)

Submit

STATE PERSONNEL BOARD – PROOF OF SERVICE

Appellant/Complainant Name:		Respondent Name:		SPB Case No:
Name of Party Serving Documents:			Name of Attorney, if any:	
Name of Person Performing Service of Documents:			County where documents were mailed or transmitted:	
Address of Person Performing Service: (Number, street):				
City:		State:		Zip Code:
Email Address: *			Fax No: **	

On (date):	I served the following document(s):
Document Title:	
Document Title:	

On the following person:	Name of Person Served:		
Department or Organization:			
Street Address: (Number, Street)			
City:	State:	Zip Code:	
Email Address: *			Fax No: **

* Required if served electronically.
** Required if served by facsimile.

At the time of service I was over 18 years of age and **not a party to this case.**

<input type="checkbox"/>	<u>BY PERSONAL SERVICE:</u>	I personally delivered the document(s) to the persons at the addresses listed above. Delivery was made to the representative or at the representative's office by leaving the document(s) in an envelope clearly labeled to identify the representative being served, with an individual in charge of the office, between the hours of 9 in the morning and 5 in the evening.
<input type="checkbox"/>	<u>BY U.S. MAIL:</u>	I enclosed the above document(s) in a sealed envelope or package addressed to the addresses above and deposited it with the United States Postal Service with the postage fully prepaid. I am a resident in the county where the mailing occurred.
<input type="checkbox"/>	<u>BY OVERNIGHT DELIVERY:</u>	I enclosed the above document(s) in an envelope or package provided by an overnight delivery carrier and addressed to the persons at the addresses above. I placed the envelope or package for collection at an office or regularly utilized drop box of the overnight delivery carrier.
<input type="checkbox"/>	<u>BY FACSIMILE:</u>	Based on an agreement of the parties to accept service by fax transmission, I faxed the document(s) to the persons at the fax numbers listed above. No error was reported by the fax machine that I used. A copy of the record of the fax transmission is attached.
<input type="checkbox"/>	<u>BY ELECTRONIC MAIL: ***</u>	Based on an agreement by the parties to accept electronic service, I caused the document(s) to be sent to the persons at the electronic service address listed above.

*** Electronic service may be provided by a party to the case pursuant to Cal. Code of Civil Procedure, § 1010.6 (a)(1)(A).

I declare under penalty of perjury that the contents of this form are true and correct to the best of my knowledge, and that this declaration was executed on the date and at the location stated below.

Signature: _____ **Date:** _____ **Location:** _____

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)