



## Employee Change of Address Form

(Please type or print legibly)

**Note:** This form is to be used for home address changes only. Address changes must be submitted to the Human Resources Office.

**Employee Name:** \_\_\_\_\_  
(Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

**Employee Banner Id #:** \_\_\_\_\_

**(1) Phone Number:** \_\_\_\_\_ **Type:** **Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**(2) Phone Number:** \_\_\_\_\_ **Type:** **Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) \_\_\_\_\_ (Apt / PO Box) \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

\_\_\_\_\_ (County) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

1st Preferred Shift to work: \_\_\_\_\_

2nd Preferred Shift to work: \_\_\_\_\_

**This form will change the address on your payroll records and personnel records ONLY.** Submit form to the Office of Human Resources, Stauffer-Wood Administration Building, Suite 144, Office 145 for processing.

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