



## 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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