

**Employee Address Change**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

New Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

Type of employment (Check ALL that apply):	
<input type="checkbox"/> Regular Student Hourly <input type="checkbox"/> College Work Study <input type="checkbox"/> Grad Teaching/Research Asst	<input type="checkbox"/> Classified <input type="checkbox"/> Hourly <input type="checkbox"/> Faculty/Faculty Administrative/Adjunct Faculty
<input checked="" type="checkbox"/> <b>Mail the completed form</b> to the appropriate office below.	
<b>STUDENTS</b> Office of Finance, E-1S Processing Administrative Services Center, 1st Floor Lobby Alfred B. Rollins, Jr., Hall	<b>CLASSIFIED, HOURLY, FACULTY/FA/Adjunct Faculty</b> Department of Human Resources 1510 W. 48th Street