EMPLOYEE ADDRESS CHANGE

Name: ___________________________________________ UIN: ___________

New Address: ______________________________________________________________

City: ___________________ State: _______ Zip: _______ Home/Cell Phone: ______________

Signature (in ink) ___________________________________________ Date: __________________

Type of Employment (Please check one):

- [ ] Regular Student Hourly
- [ ] College Work Study
- [ ] Grad Teaching/Research Assistant
- [ ] Classified
- [ ] Hourly
- [ ] Adjunct
- [ ] Administrative & Professional/Teaching & Research Faculty

Mail the completed form to the appropriate office below.

STUDENTS
Office of Finance, E-1S Processing
2103 Spong Hall
5255 Hampton Blvd., Norfolk, VA 23529

CLASSIFIED, HOURLY, ADJUNCT, ADMINISTRATIVE & PROFESSIONAL FACULTY, TEACHING & RESEARCH FACULTY
Department of Human Resources
Spong Hall
5255 Hampton Blvd., Norfolk, VA 23529