



EMPLOYEE CHANGE OF ADDRESS FORM

To change your address, complete this form and return it to the Human Resources or Treasurer's Office.

Name: _____

First

MI

Last

Prior Name if Name Change Request:

New Address: _____

House Number and Street Name

Apt. # (if applicable)

City, State and Zip Code

New Phone Number: _____

Effective Date of Change: _____

Signature of Employee: _____

For Office Use Only:

Employee #: _____

KHRIS Personnel #: _____