

ADDRESS CHANGE FORM

EMPLOYEE _____ TECH ID _____

EFFECTIVE DATE _____

OFFICE PHONE _____ HOME PHONE _____

NEW ADDRESS _____
(Street)

(City) (State) (Zip) (County)

Employee:

The Human Resources Office changes the database for University information, paychecks, savings bonds and health/dental insurances. It is your responsibility to contact your retirement plan, credit union, tax sheltered/deferred compensation companies, etc.

******OFFICE USE ONLY******

SCUPPS _____ SEMA4 _____ INS _____