**Change of Address Form**

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID/Number:** |  | **Department:** |  |
| **Job Title:** |  | **Phone Number:** |  |
| **Email:** |  | | |

**Previous Address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Address:** |  | | |
| **City:** |  | **State/ZIP Code:** |  |

**New Address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Address:** |  | | |
| **City:** |  | **State/ZIP Code:** |  |

**Effective Date of Address Change**

* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Mailing Preferences**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Update payroll records | ☐ Update benefits correspondence | ☐ Update emergency contact file | ☐ Other: |

**Employee Authorization**  
I hereby request HR to update my records with the above address information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**HR/Payroll Use Only**

* Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* Records Updated On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* Updated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_