

**Change of Address Form  
Part-Time/Student Employees**

**Name:** \_\_\_\_\_

**Employee/Student ID #:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Effective Date of Change:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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<b>Internal HR/Payroll Use Only:</b>	
Rec'd:	
Entered:	
Name:	
Title:	
Signature:	