

CHANGE OF ADDRESS FORM

Please print clearly. Form must be completed and signed.

Return to Payroll at H-DH3-05.

DATE: _____ Datatel/Student ID # _____

NAME: _____

NEW ADDRESS:

PHONE: _____

FORMER ADDRESS:

SIGNATURE: _____

Checklist:
<input type="checkbox"/> Payroll
<input type="checkbox"/> HRIS
<input type="checkbox"/> HR/Benefits