



CHANGE OF ADDRESS

TO BE COMPLETED BY EMPLOYEE

Name _____

Home Phone: () _____ Cell Phone: () _____

Address: _____
No. Street City State Zip

Effective Date of Change _____

HR42 8-15-10



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INSTRUCTIONS FOR COMPLETING THIS FORM

FORM: HR42 Change of Address

PURPOSE: For personnel to have accurate contact information for employees.

WHO COMPLETES: All Staff

HOW TO COMPLETE:

1. Employee completes form, providing as much detail as possible.
2. Employee may fax, send via courier, or email.
3. HR Assistant photocopies/ prints completed form.
4. Photocopy is placed in a sealed interoffice envelope and sent to the employee's supervisor.

WHEN TO COMPLETE: Immediately and when employee changes address and/ or phone number.

SUBMIT TO: HR Coordinator

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