

Employee Payroll Address Change Form

Personal Information

Name: _____
Last Name First Name Middle

SOU ID No.: 940 Faculty/Staff Student

W2 address and payroll information:

NEW ADDRESS: _____
Street/P.O. Box

City St Zip code

NEW PHONE NUMBER: _____

Signature: _____ Date: _____

NOTE: This change of address affects your payroll/employment records only. You must visit Enrollment Services, located in Britt Hall, or logon to MySOU if this change affects accounts with them (i.e., travel card, student account).

HR Use Only			
_____ Banner	_____ PEBB	_____ PERS	_____ TIAA-CREF
_____ ORP	_____ BHS	_____ UNUM	_____ Standard