

## EMPLOYEE INFORMATION UPDATE FORM

It is the employee's responsibility to complete this form and return it to the Treasurer's Office when there is a change in your mailing address.

NAME \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEW E-MAIL IF APPLICABLE \_\_\_\_\_

EFFECTIVE DATE OF CHANGE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_