



Employee Change of Address Form

EMPLOYEE NAME: _____
(As shown on Social Security Card) First Middle Last

900#: _____

DEPARTMENT: _____

CAMPUS PHONE: _____

*Campus phone or address are updated using the "Campus Address Change" EPAF by the department

ADDRESS TYPE: Permanent Mailing Billing (Send to Procurement)

NEW ADDRESS: _____

PHONE NUMBER: _____

Employee's Signature _____ Date _____

For Mailing and Permanent Address changes, return this form to:

Office of Human Resources
Kent Wyatt Hall 249
Cleveland, MS 38733

For Billing Address changes, return this form to:

Office of Procurement
Kent Wyatt Hall 221
Cleveland, MS 38733

* All Students and Student Employees will make address changes with the Registrar's Office and/or Student Business Services

Entered by: _____
HR/Procurement Representative _____ Date Entered _____