

Employee Information Address/Telephone Change Form

Form Instructions:

Report Campus/Work Address Change in Part I

Report Home Address Change in Part II

Sign, date and return to your Payroll Office

All changes are effective immediately.

Social Security Number <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px; display: flex; justify-content: space-around;"><div style="width: 30px; height: 20px;"></div><div style="width: 30px; height: 20px;"></div><div style="width: 30px; height: 20px;"></div></div>	Last Name <div style="border: 1px solid black; width: 250px; height: 30px; margin-top: 5px;"></div>	First Name <div style="border: 1px solid black; width: 200px; height: 30px; margin-top: 5px;"></div>	Middle Initial <div style="border: 1px solid black; width: 80px; height: 30px; margin-top: 5px;"></div>
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Part I CAMPUS/WORK ADDRESS**Enter primary campus/work address changes below. Please provide complete information.***This is the address that your payroll and benefit information will be delivered to.*

<div style="background-color: #f0f0f0; padding: 2px; text-align: center; font-weight: bold; font-size: 0.8em;">FOR OFFICE USE ONLY</div> <div style="padding: 5px;"> Building Number: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <i>Building Number can be found here:</i> http://www.fpm.wisc.edu/smomap/campusmap.aspx UDDS Number: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div>	<div style="padding: 5px;"> Building Name <div style="border: 1px solid black; width: 450px; height: 25px; margin-top: 5px;"></div> </div> <div style="padding: 5px;"> Department Name <div style="border: 1px solid black; width: 450px; height: 25px; margin-top: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 60%;"> Work Phone <small>(area code and full seven-digit number)</small> <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px; display: flex; justify-content: space-around;"><div style="width: 30px; height: 20px;"></div><div style="width: 30px; height: 20px;"></div><div style="width: 30px; height: 20px;"></div></div> </div> <div style="width: 35%;"> Optional - Secondary Work Phone <small>(do not list the phone at which your phone is backed up)</small> <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px; display: flex; justify-content: space-around;"><div style="width: 30px; height: 20px;"></div><div style="width: 30px; height: 20px;"></div><div style="width: 30px; height: 20px;"></div></div> </div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 70%;"> Email Address <div style="border: 1px solid black; width: 250px; height: 25px; margin-top: 5px;"></div> </div> <div style="width: 25%;"> (If Applicable) Mail Box or Mail Drop Code <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px;"></div> </div> </div>
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Part II HOME ADDRESS**Enter home address and telephone number changes below. Please provide complete information.***This is the address that your Year End Tax Statement(s) and other domestic and international tax information will be delivered to.*

U.S. Home Phone <div style="border: 1px solid black; width: 150px; height: 30px; margin-top: 5px; display: flex; justify-content: space-around;"><div style="width: 40px; height: 20px;"></div><div style="width: 40px; height: 20px;"></div><div style="width: 40px; height: 20px;"></div></div>					
U.S.	Street <div style="border: 1px solid black; width: 150px; height: 25px; margin-top: 5px;"></div>	Apt No. <div style="border: 1px solid black; width: 50px; height: 25px; margin-top: 5px;"></div>	City <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px;"></div>	State <div style="border: 1px solid black; width: 30px; height: 25px; margin-top: 5px;"></div>	Zip <div style="border: 1px solid black; width: 60px; height: 25px; margin-top: 5px;"></div>
OR					
Foreign	Street <div style="border: 1px solid black; width: 150px; height: 25px; margin-top: 5px;"></div>	Apt. No. <div style="border: 1px solid black; width: 50px; height: 25px; margin-top: 5px;"></div>	City <div style="border: 1px solid black; width: 200px; height: 25px; margin-top: 5px;"></div>		
	Province <div style="border: 1px solid black; width: 150px; height: 25px; margin-top: 5px;"></div>	Country <div style="border: 1px solid black; width: 150px; height: 25px; margin-top: 5px;"></div>		Postal Code <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px;"></div>	
Release of Address My home mailing address and telephone number may be made available for the staff directory and released to the public upon request. <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>					

Signature <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	Date <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>
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