

**EMPLOYEE CHANGE OF ADDRESS FORM**

Complete this form and submit to Human Resources at your earliest convenience so that we may update our records.

**NEW ADDRESS**

EMPLOYEE NAME: \_\_\_\_\_

SIN #: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ UFV LOCAL: \_\_\_\_\_

**PREVIOUS ADDRESS**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ UFV LOCAL: \_\_\_\_\_

★ This address change is effective: \_\_\_\_\_ until further notice.

\_\_\_\_\_  
**EMPLOYEE signature**

\_\_\_\_\_  
**DATE**

**HUMAN RESOURCES USE ONLY**

This address change has been made in BANNER PR & at the Pensions website (if applicable).

\_\_\_\_\_  
**AUTHORIZING signature**

\_\_\_\_\_  
**DATE**