



## EMPLOYEE CHANGE OF ADDRESS FORM

Upon completion of this form please submit to Employee Services at your earliest convenience so that we may update our records.

### NEW ADDRESS

Name: \_\_\_\_\_ SIN: \_\_\_\_\_

Banner ID: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ UFV Local: \_\_\_\_\_

### PREVIOUS ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ UFV Local: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYEE SERVICES USE ONLY

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_