

EMPLOYEE CHANGE OF ADDRESS OR TELEPHONE NUMBER

*HR will notify all benefit vendors *except* for WageWorks and optional retirement plans (ORP). If applicable, the employee will be responsible for notifying these vendors of the change.

ADDRESS CHANGE:

M# _____ Birthdate: ___/___/_____

Last Name: _____ First Name: _____

Street Address: _____ Effective Date(s) of Change

PO Box Number: _____ *(if permanent change leave "To" field Blank)*

City: _____ From: ___/___/_____

State: _____ Zip Code: _____ To: ___/___/_____

USE ADDRESS SHOWN ABOVE FOR:

(check all that apply: explanations for codes shown below)

AP Accounts Payable

MA Off Campus Mailing

BI Billing

PR Permanent

TELEPHONE CHANGE:

Telephone Number

_____-_____-_____

Effective Date(s) of Change

(if permanent change leave "To" field Blank)

From: ___/___/_____

Cell Phone number *(if different than telephone number)*

To: ___/___/_____

_____-_____-_____

USE TELEPHONE SHOWN ABOVE FOR:

(check all that apply: explanations for codes shown below)

AP Accounts Payable

MA Off Campus Mailing

BI Billing

PR Permanent

Signature

Date

Please scan completed form to HR at msu.hr@murraystate.edu
or send by interoffice mail to Human Resources 412 Sparks Hall.