



DATE:

TO: Risk Management

FROM: Lori Wilson
Assistant Human Resource Officer

RE: ADDRESS/PHONE NUMBER CHANGE

Print Name: _____
New Address: _____

New Home Phone No. _____

PLEASE SIGN HERE _____

___ *Full-Time employee*
___ *Part-Time employee*

In Case of
EMERGENCY: PHONE #: _____ **NAME:** _____

(Please circle: Spouse, In-law, Parent, Friend, other _____)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Alumni Association | <input type="checkbox"/> Payroll | <input type="checkbox"/> Switchboard |
| <input type="checkbox"/> President's Office | <input type="checkbox"/> Academic Affairs | <input type="checkbox"/> File |