



**ADDRESS CHANGE**

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

DATATEL ID NUMBER: \_\_\_\_\_

- EMPLOYEE STATUS:      \_\_\_\_\_ FULL-TIME FACULTY  
                                 \_\_\_\_\_ PART- TIME FACULTY  
                                 \_\_\_\_\_ CLASSIFIED STAFF  
                                 \_\_\_\_\_ ADMINISTRATION  
                                 \_\_\_\_\_ OTHER HOURLY  
                                 \_\_\_\_\_ STUDENT  
                                 \_\_\_\_\_ RETIREE

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

NEW PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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**HR USE ONLY**

DATATEL \_\_\_\_\_ DATE/INITIAL      VSP \_\_\_\_\_ DATE/INITIAL

ACES \_\_\_\_\_ DATE/INITIAL      EBL \_\_\_\_\_ DATE/INITIAL

DENTAL \_\_\_\_\_ DATE/INITIAL