

PAYROLL ADDRESS CHANGE FORM
University of North Dakota

NAME (Last, First, Middle)

Empl ID:

Social Security Number:

LOCAL ADDRESS:

STREET	CITY	STATE	ZIP CODE
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AREA CODE	TELEPHONE NO.
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PERMANENT ADDRESS:
 If Permanent is the same as local, write **same**
Note: Non-Resident aliens must enter foreign address

STREET	CITY	STATE	ZIP CODE
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AREA CODE	TELEPHONE NO.
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MAILING ADDRESS:
 (USED FOR MAILING W-2)

STREET	CITY	STATE	ZIP CODE
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AREA CODE	TELEPHONE NO.
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EMPLOYEE'S SIGNATURE	DATE
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BENEFITTED EMPLOYEE _____ NON-BENEFITTED EMPLOYEE _____

If you participate in TIAA, please go online to change your address at www.tiaa.org.

If you are terminating, what is your termination date? _____