Employee Change of Address Form

Office of Human Resources ● PO Box 9701, McAllen TX, 78502 ● Phone: (956) 872-4448 ● Fax: (956) 872-2322

Please Print

EMPLOYEE NAME _____ **EMPLOYEE ID** _____

New Mailing Address

Address line 1: _____

Address line 2: _____

City: _____

State/Province/Region: _____

ZIP Code: _____

Country: _____

If different from above

New Physical Address

Address line 1: _____

Address line 2: _____

City: _____

State/Province/Region: _____

ZIP Code: _____

Country: _____

New Telephone Number

Cell Phone: _____ (Area Code)

Work Number: _____ (Area Code)

By signature, I acknowledge that the information above is the best of my knowledge and belief true, correct and complete. I understand by changing the above information will also update my insurance and TRS records, as well as delivery of my physical paycheck and W-2.

_____ Signature

_____ Date

FOR HR USE ONLY

Employee's E-Class _____ **Entered By** _____ **Date** _____