

Employee Campus/Home Address Change Form

Form Instructions:

Report Campus/Work Address Change in Part I
 Report Home Address Change in Part II
 Sign, date and return to your Payroll Office

All changes are effective immediately.

| | | | |
|------------------------|-----------|------------|----------------|
| Social Security Number | Last Name | First Name | Middle Initial |
| | | | |

Part I CAMPUS/WORK ADDRESS

Enter primary campus/work address changes below. Please provide complete information.
This is the address that your payroll and benefit information will be delivered to.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| FOR OFFICE USE ONLY | Building Name | Room Number |
| Building Number: <input style="width: 100px;" type="text"/> <i>Building Number can be found here:</i> http://www.map.wisc.edu | Department Name | |
| UDDS Number: <input style="width: 100px;" type="text"/> | Work Phone (area code and full seven-digit number) () | Optional - Secondary Work Phone (do not list the phone at which your phone is backed up) () |
| Email Address | | Mail Box or Mail Drop Code (If Applicable) |

Part II HOME ADDRESS

Enter home address and telephone number changes below. Please provide complete information.
This is the address that your Year End Tax Statement(s) and other domestic and international tax information will be delivered to.

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------|-------------|-------------------------------------------------------------|
| Home Phone () | | | | | |
| U.S. | Street | Apt. No. | City | State | Zip |
| → | | | | | |
| OR | | | | | |
| Foreign | Street | Apt. No. | City | | |
| → | Province | Country | | Postal Code | |
| Release of Address My home address and telephone number can be released to the public upon request and to the Staff Directory (if blank, "NO" is assumed) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------|-------------------|
| Signature | Date (mm/dd/yyyy) |
| | |