



ADDRESS CHANGE

Request Form

(To Be Completed by Employee ONLY)

University ID

Name: _____

NEW Mailing Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Phone: Work _____

Home/Cell _____

Check One:

US Citizen

Non-Resident Alien Country: _____

Employee Signature

Date

Mail to:

UNCG Payroll Dept
840 Neal St Suite 220
PO Box 26170
Greensboro, NC 27403
OR
Fax to 336-334-3131

Payroll Use Only -

Entered by: _____

Date: _____

