



Bluefield State University

EMPLOYEE CHANGE OF ADDRESS FORM

DEPARTMENT/SCHOOL NAME: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

OLD ADDRESS

EMPLOYEE NAME:	
ADDRESS:	
STREET:	
CITY:	COUNTY:
STATE:	ZIP:
TELEPHONE:	

NEW ADDRESS

EMPLOYEE NAME:	
ADDRESS:	
STREET:	
CITY:	COUNTY:
STATE:	ZIP:
TELEPHONE:	

EMPLOYEE SIGNATURE: _____

DATE: _____

OFFICE OF HUMAN RESOURCES USE ONLY:

HR REPRESENTATIVE SIGNATURE: _____ DATE: _____

Enter date below each has been processed:

_____ Banner _____ Copy to Payroll