

# UNIVERSITY OF WISCONSIN-MILWAUKEE

## EMPLOYEE HOME ADDRESS/PHONE NUMBER/NAME CHANGE FORM

Please return this form to the Payroll Office - Engelmann 170

**Please print**

Social Security Number (Last 4 Digits) or Person ID (This is not a Student ID#)		
Last Name	First Name	Mid. Initial

**Check Box(es) that apply and complete:**

- Name Change (must have an updated Social Security Card and a New W-4 form)
- Address Change
- Phone Number Change

Home Phone: (include area code)
Cellular Phone: (include area code)

**Which address would you like mailings to be sent?**     Permanent     Local

**Permanent Address**

Number and Street Name (or P.O. Box if mail is not delivered to street address)			Apt. #
City:	State:	Zip Code:	
Country: (if not USA)			

**Local Address if Different**

Number and Street Name (or P.O. Box if mail is not delivered to street address)			Apt. #
City:	State:	Zip Code:	
Country: (if not USA)			

Effective Date:     Immediate     Other: \_\_\_\_\_

I authorize release of my address and phone number for directory purposes:     YES     NO

Signature \_\_\_\_\_ Date \_\_\_\_\_