



OFFICE OF HUMAN RESOURCES CHANGE OF ADDRESS FORM

Last Name	First Name	MI	G#
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My signature below authorizes the Office of Human Resources to change my address of record to the following:

Street or P. O. Box: _____ *Apt #: _____

City: _____ State: _____ Zip: _____

Telephone: _____

*=optional

Type of Employee (select one):

- ___ Academic Faculty (9 Month)
- ___ Supervising Teacher (9 or 10 months)
- ___ Graduate Assistant (9, 10 or 12 month)
- ___ Unclassified/Administrative (12 month)
- ___ Classified Civil Service
- ___ Temporary Employee (Semester, Restricted, 4.1.d.1, etc.)

Date ___/___/___

Signature _____

(A fax or copy will not be accepted.
Original signature required)

Mail to: Office of Human Resources
GSU Box 4261
Grambling, LA 71245

or

Deliver to: Long-Jones Hall, Room 148

<p>This address change affects HR/Payroll files. Employment/Payroll related correspondence, annual notification letters, payroll checks, W-2s, etc. access this address change.</p>
