



CHANGE OF ADDRESS/NAME
Please Print

Last First Middle Social Security Number

Telephone Number _____

Please change my address on the payroll files to:

Type of employee: (Check one)

- _____ Academic (9 Month)
- _____ Salary/Academic/GA (12 Month)
- _____ Civil Service or Transient (Biweekly)
- _____ Student Worker (Paid Biweekly)

Date ____/____/____

Signature: _____

This address change **affects only the payroll files** (the address that appears on your check or deposit ticket). No other systems/records are updated. Your **W-2** is sent to the last address on the Payroll files. It is especially important to provide a forwarding address when leaving the University.

If this form is returned from off campus, please mail to:

Human Resource Management
LSU Alexandria
8100 Highway 71 South
Alexandria, Louisiana 71302-9121