



Address Change

Employee Contact Info Change Form

Name: _____

800 #: _____

Home/Physical (911) Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Personal e-mail: _____

*** Home Address Cannot be a PO Box**

If check/ mailing is different please complete below:

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Effective Date of Change: _____

Signature	Date
Please send completed form to:	OR you can mail completed form to:
Human Resources	SUNY Delhi
Attention: Payroll	454 Delhi Drive, Delhi, NY 13753
103 Bush Hall	C/O Office of Human Resources

HR Use Only:

_____ SUNY HR

_____ Banner

_____ NYBEAS

_____ Payserv & NYSTEP (if applicable)

_____ e-mail employee/retiree applicable retirement & union address change forms