

Address Change Form

Name: _____

Address change effective as of (date): _____
month / day / year

I wish to designate the below address as my primary mailing address. I understand that TPS will use this address for all mailed correspondence, such as payroll and tax information.

NEW Address:		

Street Address		
_____	_____	_____
City	State	ZIP

Other contact info:

Home phone: _____

Cell/Mobile phone: _____

Email address: _____

This is the primary address and contact information I wish to use for all TPS correspondence, and I also understand it is my obligation to notify TPS of any other address changes during my employment and through the end of the calendar year of my last employment with TPS.

Acknowledgement: _____
Signature Initials Date

By typing my name and initials into the acknowledgement field serves as my digital signature and authorization to change my address of record as provided by the Digital Signature Act.