

# Employee CHANGE OF ADDRESS FORM

East Grand Forks

Thief River Falls

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

COUNTY OF \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND RETURNED TO HUMAN RESOURCES **NO LATER** THAN THE THURSDAY BEFORE THE TUESDAY PAY PERIOD ENDING DATE.

EMPLOYEES ARE RESPONSIBLE FOR NOTIFYING THE APPROPRIATE BARGAINING UNIT OF ANY ADDRESS CHANGE.

AFSCME:	651 450-4990
MAPE:	651 227-6457
MMA:	651 222-3954
MSCF:	651 228-0575