



THE RESEARCH FOUNDATION
The State University of New York

EMPLOYEE CHANGE OF ADDRESS FORM

Please print all information:

Name: _____

Social Security Number: _____

Address: _____
(Street Address – include apartment number if appropriate)

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Campus: _____

Signature: _____

Date: _____

Your paycheck includes an address in addition to your name. This procedure was inaugurated in 1979 by the Research Foundation to inform you of the home address the Foundation currently has on file for you. No change in check distribution is involved; you will continue to receive your paycheck at your work site as heretofore.

It is important to you and to the Research Foundation that your home address in our files is accurate and current. A current address ensures that you will receive important documents such as W-2 forms, disability payments, etc., and that you will be informed promptly on matters which, by law or policy, require mailing to your home address rather than to your campus work stations.

You are responsible for informing the Foundation, through your appropriate campus office, of your current address. If the address appearing on this paycheck is incorrect or outdated, complete this form, and forward promptly to your campus office responsible for Research Foundation personnel matters. Subsequent changes of address should be submitted to the same office using the form prescribed by your campus procedures.