



## Payroll Address Change Form For UCO Employees

I am authorizing the University of Central Oklahoma to make an address change to my personnel files.

\_\_\_\_\_  
Effective date

\_\_\_\_\_  
Banner ID #

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Home telephone number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
UCO department phone number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Return form to:*  
Human Resources  
Admin 204  
100 N Univ. Dr., Box 171  
Edmond, OK 73034

Office use only  
Initial & date:  
\_\_\_\_\_ Banner  
\_\_\_\_\_ VSP  
\_\_\_\_\_ TR