

Address Change Employee Contact Info Change Form

Name:					
800 #:					
Address 1:					
Is the above address:	mailing	physical b	ooth		
Address 2:					
Is the above address:	mailing	physical			
Effective date of change:					
Phone Number:			_		
Personal E-mail (optional):					
Signature			Date		
Please send completed form to:	OR you	OR you can mail completed form to:		OR fax to:	
Human Resources	SUNY I	SUNY Delhi		607-746-4158	
Attention: Payroll	454 Del	hi Drive	Attention: Payroll		
Bush Hall	C/o Hu	C/o Human Resources Department			
Delhi, NY 13753					

HR Use Only:

 SUNY HR

 NYBEAS

 NYSTEP

 Payserv

 Banner

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