

Section for changing the Continuous Service Date – this change must be approved by HR

Make any changes to local or foreign addresses. *Note: for campus address changes, use the Staff Change Form.*

CHANGE OF CONTINUOUS SERVICE DATE: <input type="text"/>		<i>(Must be approved by HR Services Department)</i>	
HOME ADDRESS CHANGES			
Address line 1: <input type="text"/>		Address line 2: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <input type="text"/>
FOREIGN ADDRESS CHANGES			
House number/Street: <input type="text"/>		City: <input type="text"/>	
Country: <input type="text"/>		District: <input type="text"/>	
Region: <input type="text"/>	Postal Code: <input type="text"/>	Tel: <input type="text"/> / <input type="text"/> / <input type="text"/> <i>(Country Code) (City Code) (Telephone #)</i>	
Remarks or Explanations: <input type="text"/>			

Key in the employee name, date, and telephone contact. **The employee's signature is REQUIRED for personal changes.**

Name of the supervisor or person authorized in the department to approve the form

Employee Signature: <input type="text"/> <i>(Print Employee Name and Obtain Signature)</i>	Date: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <input type="text"/> <i>(Required Information)</i>
Authorized Departmental Signature: <input type="text"/> <i>(Print Authorized Name and Obtain Signature)</i>	Date: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <input type="text"/> <i>(Required Information)</i>
Prepared By: <input type="text"/> <i>(Print Name and Obtain Signature)</i>	Date: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <input type="text"/> <i>(Required Information)</i>

IMPORTANT!
Name of person who prepared the form



Send form to HRIC; according to the published deadlines.