

## **CHANGE OF ADDRESS**

Employee Name (Print)		Employee G#
NEW Address:		
City:	State:	Zip:
☐ In-Person		
☐ Per phone call		
This changes the p	permanent address o	on Banner only.
Employees please note that if y you will need to contact them d		-
Employee Signature		Date
********	******	*****
For Payroll Use Only:		
Date:Initials		
Payroll Department		
Grand Valley State University 1035 James H. Zumberge Hall		
Allendale, MI 49401		