

STATE OF ALASKA ADDRESS AUTHORIZATION/CHANGE FORM

- New Employee
 Address Change

Employee Name:		Social Security Number:	
Division:	Section:	Home Telephone:	Office Telephone:

Resident Mailing Address: To be used for W-2 forms, Supplemental Benefits information, PERS/TRS information, and Health Insurance information. This form will **not** change your address for any Savings Bonds you may purchase.

P.O. Box or Street Address:		
City:	State:	Zip Code + 4 (9 digits):

Payroll Warrant or Payroll Advice (Warrant Stub) Mailing Address:
CHECK ONLY ONE:

- Mail to the above resident mailing address.
- (Juneau Only) Deliver to my Juneau office.
- Mail to the address listed below.

P.O. Box or Street Address:		
City:	State:	Zip Code + 4 (9 digits):

Employee Signature:	Date:
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CHANGES WILL BECOME EFFECTIVE WITH THE PAYROLL CURRENTLY BEING PROCESSED.

Submit this completed form to your Technical Service office.

NOTE: The above information will remain in effect unless changed by you.