



STATE OF ALASKA

ADDRESS AUTHORIZATION/CHANGE FORM

IMPORTANT: With the implementation of IRIS HRM every employee who has an LDAP has access to input and update their address through the Employee Self Service (ESS).

If you do not have access to ESS please fill out this form and submit to Payroll Services.

New Employee

Address Change

Employee Name:	Employee ID or SSN:
Department:	Home Unit:

*Fields are required

Home Address (If a "Care of c/o" name is used, enter on Street 2 line.)

Street 1*:			
Street 2 (C/O):			
City*:	State*:	Country*:	Zip Code*:

Mailing Address To be used for Warrants, W-2 forms, supplemental benefits information, PERS / TRS information, and health insurance information.

CHECK ONLY ONE:

Mail to the above resident mailing address.

Mail to the address listed below.

Street 1 (or PO Box)*:			
Street 2 (C/O):			
City*:	State*:	Country*:	Zip Code*:

Employee Contact Information

Name and Work Phone fields will update your information in Employee Directory.
List your name as you would like it to appear.

Prefix:	First Name:	Middle Name:
Last Name:		Suffix:
Comments:		Home Phone: Ext:
Work Phone: Ext:	Mobile Phone: Ext:	Fax: Ext:

Employee Signature:	Date:
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CHANGES WILL BECOME EFFECTIVE WITH THE PAYROLL CURRENTLY BEING PROCESSED.
Submit this completed form to the Payroll Services section in the Division of Personnel & Labor Relations.

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