



# PUYALLUP TRIBE OF INDIANS



## Human Resources Department

### Employee Change of Address Form\*\*

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
FIRST MIDDLE LAST (SUFFIX, JR., SR., III, ETC.)

DEPT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ LAST 4 OF SSN: XXX-XX-\_\_\_\_\_

NEW ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ PERSONAL CELL PHONE #: \_\_\_\_\_

WORK CELL PHONE #: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Home #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Home #: \_\_\_\_\_

SIGNED: \_\_\_\_\_

**\*\*IMPORTANT:** Your information will be entered into the HR/Payroll System. If applicable, HR will also update your address information with the Retirement Plan Investment Platform and our health insurer (Group Health). It is your responsibility to keep HR up-to-date on your current address and contact information.