



Office use only

Organizational unit # _____

Date entered in SAP _____

Entered by _____

Employee address change form

Employee of: ☐ UK ☐ ESH

Name _____

Date _____

Person ID _____

Last 4 digits of Social Security Number _____

New address

Street address _____

City _____ State _____ ZIP code _____

Phone number (including area code) (_____) _____

Employee signature _____

Note: Permanent address cannot be an address outside the United States. Please indicate if you need your mailing address to be changed to a foreign address.

Please return this form to UK HR Benefits, 112 Scovell Hall, Lexington KY 40506-0064. You can also fax it to 859-323-1095 or email benefits@uky.edu.

Please retain a copy of this form within the employee's department responsible for maintaining this information in SAP. Send a copy to HR Records, 21 Scovell Hall, Lexington KY 40506-0064.