

WMU POST OFFICE CHANGE OF ADDRESS FORM

To ensure accurate mail delivery, please complete the form below as completely as possible. This form will be used to update our records and forwarded to Human Resources and Payroll.

LAST NAME:

FIRST NAME:

EMPLOYEE NUMBER:

<u>LOSING ORGANIZATION</u>	<u>GAINING ORGANIZATION</u>
<u>LOSING DEPARTMENT:</u> (Example: College of Engineering; Logistical Services)	<u>GAINING DEPARTMENT:</u> (Example: College of Engineering; Logistical Services)
<u>LOSING DEPARTMENT OFFICE:</u> (Example: Advising; Purchasing)	<u>NEW DEPARTMENT OFFICE:</u> (Example: Advising; Purchasing)
<u>OLD MAIL STOP CODE:</u>	<u>NEW MAIL STOP CODE:</u>
<u>OLD TELEPHONE:</u>	<u>NEW TELEPHONE:</u>
	<u>EFFECTIVE DATE:</u>