## EWU Office of Controller - PAYROLL

319 Showalter Hall Cheney, WA 99004-2445

## Address Change

| Employee type:   |                      |                     |        |     |
|--|----------------------|---------------------|--------|-----|
| Student Ot   | her                  |                     |        |     |
| new address  |                      |                     |        |     |
|  | WU ID #              |                     |        |     |
| La   | st Name              |                     |        |     |
| Fir  | rst Name & M.I       |                     |        |     |
| Str  | reet                 |                     |        |     |
| Ci   |                      |                     |        |     |
| Sta  | ate & ZIP            |                     |        |     |
| Ph   | one #                |                     |        |     |
|  |                      |                     |        |     |
| Do you wish to   | receive vour W-2 et  | the above address?  | Yes    | No  |
| Do you wish u  | receive your vv-2 at | the above address.  | 103    | 110 |
|  | w if you checked No  | the above address.  | 103    | 140 |
|  |                      | the above address.  | _      |     |
| Complete below   | w if you checked No  | the above audi ess. |        | 140 |
| Complete below<br>Street   | w if you checked No  |                     | —<br>— | 140 |
| Complete below<br>Street<br>City                                   | w if you checked No  |                     | —<br>— |     |
| Complete below Street City State & Zip                             | w if you checked No  |                     |        |     |
| Complete below Street City State & Zip                             | w if you checked No  |                     |        |     |
| Complete below Street City State & Zip  Signature Please note: Add | w if you checked No  |                     | _      | _   |