

STATE OF ALASKA ADDRESS AUTHORIZATION/CHANGE FORM

- New Employee
 Address Change

Employee Name:		Social Security Number:	
Division:	Section:	Home Telephone:	Office Telephone:

Resident Mailing Address: To be used for W-2 forms, Supplemental Benefits information, PERS/TRS information, and Health Insurance information. This form will **not** change your address for any Savings Bonds you may purchase.

P.O. Box or Street Address:		
City:	State	Zip Code + 4 (9 digits):

Payroll Warrant or Payroll Advice (Warrant Stub) Mailing Address:

CHECK ONLY ONE:

- Mail to the above resident mailing address.
 (Juneau Only) Deliver to my Juneau office.

Change my AKSAS vendor address (per diem checks, etc.) to the address listed below.

Mail to the address listed below.

P.O. Box or Street Address:		
City:	State	Zip Code + 4 (9 digits):

Employee Signature:	Date:
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CHANGES WILL BECOME EFFECTIVE WITH THE PAYROLL CURRENTLY BEING PROCESSED.

Submit this completed form to your department personnel/payroll office.

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