

University of Wisconsin Processing Center

Employee Information

Please Print

Social Security Number

Last Name	First Name	Middle Initial
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CHECK BOX THAT APPLIES AND COMPLETE:

- New Employee (Part I)
- Employee Transferring to Different Department (Part I)
- Campus Address/Phone Number Change (Part I)
- Home Address/Phone Number Change (Part II)

PART I - Primary Campus/Work Address and Telephone Number. Your earnings statements and other important information will be delivered to this address. Please provide complete information.

For Office Use Only Building Number Bldg No. can be found here	Room Number	Building Name
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For Office Use Only UDDS Number	Department Name
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Work Phone (area code and full seven-digit number) ()	Optional: Secondary Work Phone (do not list the phone at which your phone is backed up) ()
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Email Address

Mail Box or Mail Drop Code	Effective Date: <input type="checkbox"/> Immediate <input type="checkbox"/> Other: _____
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PART II - Home Address and Telephone Number

Home Phone: ()

Number and Street Name (or PO Box number if mail is not delivered to street address)	Apt. #
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City	State	Zip
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Release of Address: My home address and telephone number can be released to the public upon request and printed in the Staff Directory (if left blank "NO" is assumed).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Effective Date : <input type="checkbox"/> Immediate <input type="checkbox"/> Other: _____

Date (mm/dd/yyyy)	Signature
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