

**MORGAN COUNTY GOVERNMENT
HUMAN RESOURCES/PAYROLL
CHANGE OF ADDRESS FORM**

Date:		
Name:		
Current Address (Street or P.O. Box number):		
New Address (Street or P.O. Box number):		
City:	State:	Zip Code:
Current Phone Number: ()		
New Phone Number: ()		

Notes:

Employee Signature:	Date:
Human Resources Signature:	Date:
Payroll Signature:	Date:

Reminder: You must inform your insurance carrier as well as your retirement benefits administer of your new address.