

## Employee Change of Address

Please complete and return to the Auditor's office

Indicate here (x) if you have these payroll deductions:

<input type="checkbox"/> BC/BS	<input type="checkbox"/> Dental	<input type="checkbox"/> IPERS
<input type="checkbox"/> Aflac	<input type="checkbox"/> Garnishment	<input type="checkbox"/> Christmas Club
<input type="checkbox"/> Child Support	<input type="checkbox"/> Uniforms	<input type="checkbox"/> 457 Deferred Comp
<input type="checkbox"/> Flex Medical	<input type="checkbox"/> Flex Dependent	

Name \_\_\_\_\_

Old Address \_\_\_\_\_

\_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_