



# Change of Address and/or Emergency Contact



## Instructions

Once you have completed this form, please return to Human Resources via email at [hr@wvup.edu](mailto:hr@wvup.edu) for processing.

## Change of Address

Date:	
Employee Full Name:	
Employee Banner ID Number: <i>(9 numbers, begins with 9)</i>	
Employee Number: <i>(4 to 6 numbers)</i>	
Birthdate: mmddy	
New Home Address:	
New Telephone Number:	

## Change of Emergency Contact

Date:	
Contact Name:	
Contact Address:	
Contact Telephone Number:	
Contact Relationship:	

## HR Use Only

	EBO form completed
	Banner updated
	Email Shared Services (Benefits)