



**THE CITY UNIVERSITY OF NEW YORK
OFFICE OF HUMAN RESOURCES
CHANGE TO EMPLOYEE ADDRESS FORM**

DEPARTMENT		TITLE	
LAST NAME		FIRST NAME	INITIAL

REFERENCE #: _____ **CUNYFIRST EMPLID:** _____

PHONE _____ **E-MAIL** _____

ADDRESS TYPE: HOME MAILING BILLING OTHER _____

NEW ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____ **COUNTY** _____

COUNTY CODE KEY				
A – ALBANY	F- WASH DC	M-MANHATTAN	R- RICHMOND	Z- OTHER
B –BROOKLYN	G—GREENE	N- NASSAU	S- SUFFOLK	
C – COLUMBIA	H- SCHOHARIE	O- ORANGE	U- ULSTER	
D – DUTCHESS	K- ROCKLAND	P- PUTNAM	W- WESTCHEST	
E- DELAWARE	L-SULLIVAN	Q- QUEENS	X- BRONX	

TAX EXCL CODE: _____

DID YOU RESIDE IN THE CITY OF NEW YORK PRIOR TO CHANGE? YES NO

SIGNATURE _____ **Date:** _____

PSC Members please see the Benefits Specialist/Officer to update your union information.

Please return this form to the Office of Human Resources, South Hall Rm 102.

HR: CUNYfirst Entry		HR Benefits Review	
Name		Name	
Signature		Signature	
Date		Date	