## Minnesota Clerical, Inc. Payroll Specialist



## **CHANGE OF ADDRESS / NAME**

Employee Name:	SS#	
Change Effective Date:	Employee Number	
NEW INFORMATION		
Last Name:	First Name:	MI:
Street Address:		
City:	State:	Zip:
Home Phone:	_ Daytime Phone:	
Email Address:		
••••••		•••••
<b>VERIFICATION OF CHANGE:</b>		
Employee Signature:		Date:
Please fax the completed form to Minnesota Clerical, Inc at 763-753-7246, Thank you.		

Minnesota Clerical, Inc 17230 Uplander Street NW Andover MN 55304 763-753-7243

Fax: 763-753-7246