



Life. Well Crafted.

The Human Resources Department is required to maintain your current address. Please complete the following information for your personnel file.

PLEASE PRINT!

NAME:

| | | |
|-------------|--------------|-----------|
| Last | First | MI |
|-------------|--------------|-----------|

**MAILING
ADDRESS:**

Street or PO Box

| | | |
|-------------|--------------|-----------------|
| City | State | Zip Code |
|-------------|--------------|-----------------|

TELEPHONE: () _____ - _____

Your address is not a matter of public record and will not be released without your permission, in accordance with NCGS 160A-168.

Any time you change your address please complete a change of address form and forward the change to the Human Resource Department.