

*Eastern Panhandle
Instructional Cooperative*

EPIC

Serving the educational needs
of the entire community

CHANGE OF ADDRESS or PHONE NUMBER FORM

Please neatly print the information we need to update and submit to the HR office.

Employee's Name Printed _____

Old Address or Phone
you want changed _____

NEW Address or Phone _____

Employee Signature _____ Date _____

Received by _____ Date _____

Copy to Program Coordinator _____

Copy to HR _____

Copy to Payroll _____