



FIT Employee Change of Address Form

Last Name: _____ First Name: _____

College ID: _____

New Address: _____

City: _____ State: _____ Zip Code: _____

New Telephone #: _____

If you are a member of UCE please contact them directly for instructions on how to update your address with UCE.

Employee Signature: _____ Date: _____

NOTE: You may be required to submit a new IRS form W4 and/or NY State IT-2104

Payroll Use Only

Local Taxes Updated if Applicable: _____

Updated: _____ Date: _____