

**DEPARTMENT OF CORRECTIONS
EMPLOYEE CHANGE OF ADDRESS**

DATE _____	<i>FOR ADMIN USE ONLY:</i> <i>PEOPLESOFT UPDATE</i> _____
EMPLOYEE NAME _____	EMPLOYEE ID # OR SS# (Last 4 only) _____
WORK LOCATION _____	WORK PHONE NUMBER () _____
<hr/> <div style="display: flex; justify-content: space-between;"> ADDRESS _____ CITY _____ STATE _____ </div> <hr/> <div style="display: flex; justify-content: space-between;"> ZIP CODE _____ COUNTY _____ </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> () _____ PRIMARY PHONE NUMBER </div> <div style="text-align: center;"> () _____ SECONDARY PHONE NUMBER </div> </div> <p>WORK E-MAIL ADDRESS: _____@doc.state.ok.us</p>	
<hr/> <p>SIGNATURE OF EMPLOYEE _____</p>	