



## Employee Address and Phone Number Change Form

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Completed by Employee – Please Print

Employee Legal Name \_\_\_\_\_

CNM ID # \_\_\_\_\_ Department/School \_\_\_\_\_

New Mailing Address (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

New Primary Phone Number (Home or Mobile) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Completed by Human Resources

- Change in PPAIDEN (BANNER)
- Send employee ERB link to change address (if employee is enrolled in ERB) <http://nmerb.org/pdfs/changeofaddress3.pdf>
- Employee address change process completed
- Give Benefits Team a copy of address change form

Printed Name of HR Employee \_\_\_\_\_

Signature of HR Employee \_\_\_\_\_

Date completed \_\_\_\_\_