



Paylocity Employee/Payroll Information Verification
and **Address Change Form**

To ensure that our system records are up to date and your W2 is mailed to the correct address, please complete the following form, and return it to Human Resources as soon as possible.

Employee Name: _____

Employee SS#: _____

New Mailing Address: _____
Street Number and Name

City State Zip Code

(_____) _____
Home Phone Number

Email Address: _____

Emergency Contact: _____
Name Phone Number

I certify that the above information is true and correct. I certify that the Social Security number denoted above appears on the Social Security card issued to me and should be used for payroll purposes.

Employee Signature: _____ Date: _____