

*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 \_\_\_\_\_