Orange County Community College

 Middletown, NY

 human resources

**DATE:**

**TO:** Risk Management

**FROM:** Lori Wilson

Assistant Human Resource Officer

**RE:** ADDRESS/PHONE NUMBER CHANGE

*Print Name:*

***New*** *Address:*

***New*** *Home Phone No.*

***PLEASE SIGN HERE***

 *Full-Time employee*

 *Part-Time employee*

*In Case of*

***EMERGENCY: PHONE #: NAME:***

 ***(Please circle: Spouse, In-law, Parent, Friend, other )***

( ) Alumni Association ( ) Payroll ( ) Switchboard

( ) President’s Office ( ) Academic Affairs ( ) File

***s:hr/4joni/forms/address&phone#change Rev 07/08***