

**ADDRESS - DIRECTORY RECORD (ADR)**

Red Ink Preferred

Social Security Number

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Effective Date

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This form must accompany the payroll authorization form on initial appointment.  
 Address indicated will be used for federal form W-2 mailings.  
 To delete existing information, place an asterisk (\*) in each applicable box.

Employee Type	Last Name	First Name	Initial	Campus	College/Division	Department

Home Address	Home Address Line Two (if required)

City	State	Zip Code	County

Home Phone Number (Optional)	Name of Person to Contact in Case of an Emergency	Emergency Contact Phone Number

**CAMPUS ADDRESS AND TELEPHONE INFORMATION : Complete for Employee Types 1, 6, 7 and 9**

Primary Campus Phone Number			Secondary Campus Phone Number		
Area Code	Number	Extension*	Area Code	Number	Extension*
		X			X

\*Complete ONLY if your department has an individual telephone system.

Fax Number (Optional)	Building Number	Room Number
Area Code	Number	Number

E-mail Address

Please check one or both of the boxes below if you DO NOT want your home address and/or home phone number in the Faculty/Staff Directory. This information will be kept on file for all future directories.

- Please DO NOT include my home address in the Faculty/Staff Directory.
- Please DO NOT include my home phone number in the Faculty/Staff Directory.

# ADDRESS DIRECTORY RECORD - ADR

## INSTRUCTIONS

### I. PURPOSE OF ADR

To record or change home and campus addresses, telephone numbers, emergency contact information, fax number, E-Mail address and faculty/staff directory waivers.

### II. WHEN TO USE AN ADR

#### A. NEW HIRES

When an employee is first appointed to the payroll, the ADR must accompany the Payroll Authorization Form (PAF).

#### B. CHANGES

##### FOR ALL EMPLOYEE PAYROLL TYPES

Complete an ADR when a change in home address, telephone number or emergency contact information occurs.

##### FOR EMPLOYEE TYPES 1, 6, 7 AND 9

Submit an ADR to change any of the following fields :

- campus telephone numbers
- fax number
- building and/or room number
- E-Mail address
- faculty/staff directory waivers (for Type 1 only)

#### C. DELETIONS

To remove information that no longer applies, place an asterisk (\*) in each applicable box.