



# Change of Address Request Form

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**To: Infiniti HR Payroll Department**

Please correct/update the address for the following worksite employee, effective: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Client Name/Client Number: \_\_\_\_\_

New or Corrected Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized by: \_\_\_\_\_

Print

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Scan/email to your Payroll Specialist or fax to 240-722-0090**