



STATE OF ALASKA

ADDRESS AUTHORIZATION/CHANGE FORM

IMPORTANT: State employees are **REQUIRED** to enter and update their address through Employee Self Service (ESS) at <https://iris-ess.alaska.gov>. Employees who **DO NOT** have access to ESS, may use this form to add or update address information for their Employee Record. ***Fields are required**

New Employee

Address Change

Employee Name:	Employee ID or SSN:
Department:	Home Unit:

Home Address (If a "Care of c/o" name is used, enter on Street 2 line.)

Street 1*:			
Street 2 (C/O):			
City*:	State*:	Zip Code*:	Country*:

Mailing Address

For active employees this is used for pay warrants, W-2 forms, supplemental benefits information, PERS / TRS information, and health insurance information.

For separated employees this updates for pay warrants, layoff notifications, and W-2 forms only. Separated employees must contact the Division of Retirement & Benefits to update benefit addresses.

CHECK ONLY ONE:

Mail to the above resident mailing address.

Mail to the address listed below.

Street 1 (or PO Box)*:			
Street 2 (C/O):			
City*:	State*:	Zip Code*:	Country*:

Employee Contact Information

Home Phone:	Work Phone:	Ext:
Mobile Phone:	Work Phone fields will update your information in Employee Directory.	

Employee Signature:	Date:
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Submit this form to the Division of Finance Payroll Services Contact for your department found at https://doa.alaska.gov/dof/payroll/pr_svcs_contact.html

NOTE: The above information will remain in effect unless changed by you.