CNS PANTEX EMPLOYEE ADDRESS CHANGE This request is available through

SELF SERVICE IN PEOPLESOFT

(IF YOU HAVE ACCESS TO A COMPUTER ON-SITE PLEASE USE THIS METHOD INSTEAD OF USING THIS FORM)

RETURN TO BENEFITS VIA ONE OF THE FOLLOWING:

Mail: Benefits, Bldg. 12-138 Downstairs
Fax: x7806

E-mail: mbthomps@pantex.com

	Employee:			
	Badge #:			
	SS#:			
	E-mail Address:			
	Mailing Address:			
	Physical Address:			
	City, State, & Zip			
	County:			
	Telephone:			
	Is your telephone nun	nber unlisted: Yes No		
IMPORTANT	THIS FORM MUS	Γ BE RETURNED TO THI	E BENEFITS DEPARTMENT FO	R
	TO TAKE EFFECT			
OFF	TICE	USE	ONLY	
<u>311</u> ▼		▼ ▼	▼ ▼ v	▼

DATE: