



Employee Address Certification

Agency Number	<input type="checkbox"/> New Employee <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change		
Social Security Number - -		Date of Birth / /	Voting County
Last Name	First Name	Middle Initial	
Voting Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Foreign State Providence	Foreign Postal Code	Country Code	
By signing below, I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Employee Signature _____ Date / /			
Please submit a copy of this completed form to the State of Illinois Comptroller-Payroll Unit, 325 West Adams Street, Springfield, IL 62704			