



EMPLOYEE CHANGE of ADDRESS and/or PHONE NUMBER

Today's Date: _____

Name: _____

Social Security Number: _____

OLD information:

Address: _____

Home Phone: _____

Cell Phone: _____

NEW information (Effective date - _____) :

Address: _____

Home Phone: _____

Cell Phone: _____

Employee Signature: _____ Date _____

Upon completion fax to (212) 634-1235 or mail to: Oliver Staffing, Inc.
350 Lexington Ave, Suite #401
New York, NY 10016