



# STATE OF ALASKA

## ADDRESS AUTHORIZATION/CHANGE FORM

**IMPORTANT: With the implementation of IRIS HRM every employee who has an LDAP has access to input and update their address through the Employee Self Service (ESS).**

<http://iris-ess.alaska.gov>

**If you do not have access to ESS please fill out this form and submit to Payroll Services.**

**New Employee**

**Address Change**

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

\*Fields are required

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

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

**Mailing Address** To be used for Warrants, W-2 forms, supplemental benefits information, PERS / TRS information, and health insurance information.

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*:	Country*:	Zip Code*:

**Employee Contact Information** Work Phone fields will update your information in Employee Directory.

Home Phone:	Ext	Work Phone:	Ext:
Mobile Phone:	Ext:	Fax:	Ext:

Use the below Name Fields to update your name in the Employee Directory to use a nickname instead of your legal name (example: Bill for William). The below fields cannot be updated in ESS and are required to be submitted to Payroll Services.

First Name:	Middle Name:	Last Name:
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Employee Signature:	Date:
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**CHANGES WILL BECOME EFFECTIVE WITH THE PAYROLL CURRENTLY BEING PROCESSED.**  
 Submit this completed form to the Payroll Services section in the Division of Personnel & Labor Relations.

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