Print Form

LIBRARY OF CONGRESS - EMPLOYEE ADDRESS RECORD

Instructions: Type or print this form in quadruplicate and forward to your Division office. New employees are to complete Sections A, B, and C. Section D is to be completed in full by the Division office in accordance with LCR 2011-1.1. Use approved organization and building symbols listed in the LC Telephone Directory. Upon completion, the Division office shall make distribution as indicated below. Employees moving from one state to another must complete and forward to Pay and Personnel Information Office the appropriate State Withholding Exemption Certificate which is available in your Division office and/or Employment Office, room LM 645.

TYPE OF ACTION ☐ New ☐ Change ☐ Delete	Employee's Signature		Date
A. NAME ☐ Change	Employee Name (Last, First, Middle Initial)		Social Security Number (required)
	Previous Name (if changed)		Area Code & Home Telephone Number
B. MAILING ADDRESS ☐ Change	Home Address: Number & Street, or P.O. Box	Payroll Check Address (if check is mailed to home, or P.O. Box)	
	City, State, Zip Code	City, State, Zip Code	
C. EMERGENCY NOTIFICATION ☐ Change	Name (Last, First, Middle Initial)		Relationship
	Number and Street, or P.O. Box		Area Code & Home Telephone Number
	City, State, Zip Code		Area Code & Work Telephone Number
D. TELEPHONE DIRECTORY LISTING ☐ Change	Organization Code A E		Organization Symbol / Mail Code
	Previous Organization Code (if changed) A E		Building Symbol / Room Number
	Area Code & Primary Work Telephone Number ☐ TDD	Area Code & Secondary Work Telephone Number ☐ TDD	

114 (1996/09) **Distribution:** White - Division Office, Yellow - ITS/USG/TAT (9362) Pink & Goldenrod - HRS/PERS/PPIO (2220)