

**WASHINGTON METROPOLITAN AREA
TRANSIT AUTHORITY OFFICE OF
HUMAN RESOURCES MANAGEMENT AND PLANNING**

**EMPLOYEE CHANGE OF ADDRESS FORM
(PLEASE PRINT)**

Employee Name: _____

Employee Number: _____

Street or PO BOX: _____

City _____ State: _____ Zip: _____

Area Code/Telephone Number (____) _____

EMPLOYEE WHO RECENTLY MOVED TO ANOTHER STATE, CITY OR COUNTY MUST CONTACT
THE OFFICE OF ACCOUNTING TO COMPLETE THE APPROPRIATE TAX FORMS

Signature of Employee

Date

PLEASE RETURN THIS TO:

OFFICE OF HUMAN RESOURCE MANAGEMENT AND PLANNING
600 FIFTH STREET, NW
ROOM - 7F
WASHINGTON, DC 20001