



Employee Address and Phone Number Change Form

Completed by Employee – Please Print

Employee Legal Name _____

CNM ID # _____ Department/School _____

New Mailing Address (Street) _____

(City, State, Zip) _____

New Primary Phone Number (Home or Mobile) _____ - _____ - _____

Effective Date of Change _____

Employee Signature _____ Date _____

Completed by Human Resources

- Change in PPAIDEN (BANNER)
- Send employee ERB link to change address (if employee is enrolled in ERB) <http://nmerb.org/pdfs/changeofaddress3.pdf>
- Employee address change process completed
- Give Benefits Team a copy of address change form

Printed Name of HR Employee _____

Signature of HR Employee _____

Date completed _____