



Former Employee Address Change Request

Instructions

1. Complete the information below.
2. Print and sign completed form.
3. Attach a copy of identification such as a driver's license, passport or state identification card.
(Address changes cannot be processed without the appropriate identification attached.)
4. Send completed form and identification via mail, fax or email to:

Mail Leidos HR Employee Services PO Box 2502 Oak Ridge, TN 37831	FAX HR Employee Services 865-425-5665	Email AskHR@leidos.com
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First Name _____ Middle Initial _____

Last Name _____

Employee # _____ *OR* Last 4 digits of SSN # _____

Previous Address _____

City _____ State _____ Zip Code _____

Current Address _____

City _____ State _____ Zip Code _____

Phone Number _____

I authorize Leidos to change my address _____ Date _____

Signature Required

NOTE: Please print and sign the form. Please submit the completed form via one of the options above.

Address changes cannot be processed without the appropriate identification attached.