

# CHANGE OF ADDRESS

Effective Date of Change: \_\_\_\_\_

Employee's Name \_\_\_\_\_

Earnhardt Location (Store & Dept) \_\_\_\_\_

New Address: \_\_\_\_\_  
Street Address Apartment #

\_\_\_\_\_ City State Zip

New Phone Number: \_\_\_\_\_

Check all that apply:

Payroll

Insurance

401k

Employee: \_\_\_\_\_  
(Please print & sign)

Date: \_\_\_\_\_