# THE STATE UNIVERSITY OF NEW JERSEY

## ADDRESS - DIRECTORY RECORD (ADR) Red Ink Preferred

KUIGEKS	Social Security Number Effective Date
his form must accompany the payroll authorization form on initial appointment.	
ddress indicated will be used for federal form W-2 mailings. o delete existing information, place an asterisk (*) in each applicable box.	
mployee Type Last Name First Name Initial	Campus College/Division Department
Home Address	Home Address Line Two (if required)
City	State Zip Code County
Home Phone Number (Optional)  Area Sode  Number  Name of Person to Contact in	Case of an Emergency
Number	A Signature
CAMPUS ADDRESS AND TELEPHONE INFORMATION: Complete for Employee Types	
Primary Campus Phone Number  Area Code Number Extension* Area Co	Secondary Campus Phone Number    Secondary Campus Phone Number   Extension*
Complete ONLY if your department has an individual telephone system.	
Fax Number (Ontional)	
Area Code Number Building Number Room Number	
E-mail Address	
lease check one or both of the boxes below if you DO NOT want your home address and/or home phone number in the Faculty/Staff Directory. This information will be kept on file for all future directories.	
Please DO NOT include my home address in the Faculty/Staff Directory.  Please DO NOT include in the Faculty/Staff Directory.	

### ADDRESS DIRECTORY RECORD - ADR

#### **INSTRUCTIONS**

#### I. PURPOSE OF ADR

To record or change home and campus addresses, telephone numbers, emergency contact information, fax number, E-Mail address and faculty/staff directory waivers.

#### II. WHEN TO USE AN ADR

#### A. NEW HIRES

When an employee is first appointed to the payroll, the ADR must accompany the Payroll Authorization Form (PAF).

#### **B.** CHANGES

#### FOR ALL EMPLOYEE PAYROLL TYPES

Complete an ADR when a change in home address, telephone number or emergency contact information occurs.

#### FOR EMPLOYEE TYPES 1, 6, 7 AND 9

Submit an ADR to change any of the following fields:
 campus telephone numbers
 fax number
 building and/or room number
 E-Mail address
 faculty/staff directory waivers (for Type 1 only)

#### C. DELETIONS

To remove information that no longer applies, place an asterisk (\*) in each applicable box.

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