Louisiana State University
Office of Accounting Services
Payroll
204 Thomas Boyd Hall

CHANGE OF ADDRESS AS481

Employee _____ _____ _____
Last *First* *MI*

LSU ID _____

Type of Employee

☐ Academic (9 mos) ☐ Salary / Academic / GA (12 mos) ☐ Wage / Contingent ☐ Non-employee

Please change my address on the payroll files to:

_____

_____

_____