

Unique Employment Services
Change of Address Request Form

I, _____ request that my address be changed to the following:

SSN: _____ Name: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Signed: _____ Date: _____

Please Fax to: *Unique Employment Services*
Attention: Temporary Division
Fax 361.851.2931

OR

Regular Mail to: *Unique Employment Services*
4646 Corona, Suite 100
Corpus Christi, Texas 78411

Office Use Only Below This Line

Processed by: _____ Date: _____