



UF CAMPUS TELEPHONE DIRECTORY UPDATE FOR **WHITE PAGES ONLY**

Please check your demographic information in the UF Employee Information data file. Your office manager or payroll administrator can assist you.

EMPLOYEE SOCIAL SECURITY NUMBER _____ - _____ - _____

EMPLOYEE NAME: _____
(Please print) Last First MI

CHANGES TO BE MADE

Work Phone Number: _____

Work P. O. Box: _____

Work Address: Room _____ Building _____

Off Campus Work Address: _____

Home Phone Number: () _____

Personal Title: _____ Mrs. _____ Ms. _____ Mr. _____ Dr.

SPECIAL REQUESTS:

- _____ Do not list home number in campus directory.
_____ Do not list home address in campus directory.

* HOME ADDRESS CHANGES MUST BE SUBMITTED ON A W-4 CARD

RETURN TO: PERSONNEL PROCESSING AND RECORDS
429 STADIUM WEST
PO BOX 115004
GAINESVILLE, FL 32611-5004

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