



Complete the attached Address change and return to HR@myqlm.com

Effective Date of Change: _____

Printed Employee Name: _____

Date of Birth: _____ Last four of SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

New Phone Number (if applicable): _____

New email for pay stubs (if applicable): _____

Opting in for pay stub to be emailed to new email (if applicable)

Additional Comments:

Employee Signature _____ Date _____

INTERNAL OFFICE USE ONLY

	Date	Initial
Payroll QLM		
Payroll QPS		
AP QLM		
AP CAT		
QP OKC		