

CHANGE OF ADDRESS REQUEST FORM

Employee Name: _____

Current Employee: Yes No

Company worked: EJ MJ JOS SB JC SCC EJPPG

Social Security Number: _____

Change effective date: _____

Change address from:

Change address to:

Employee Signature

Date

Mail/fax/e-mail the form to:

Stan Clark Companies, Inc.
hr@scc.eskimojoes.com
Attn: Change of Address Request
P. O. Box 729
Stillwater, OK 74076
405-624-3219