CITY OF CHICO - HUMAN RESOURCES & RISK MANAGEMENT OFFICE
NOTIFICATION OF CHANGE OF ADDRESS / NAME

Employee Name: _____ **Effective Date:**_____

Department / Division: _____ **Employee #:** _____

INSTRUCTIONS

Employee shall prepare and forward **three (3)** copies of this form to his/her **Department Head**. Your Department will retain one copy and send the original to the Human Resources Office for **personnel files** and one copy to the Finance Office for **payroll files**.

Changes for with benefits providers will be completed by Human Resources & Risk Management.

CHANGE OF ADDRESS

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

NAME CHANGE (A copy of your social security card showing your new legal name must accompany this form.)

Legal Name: _____

Former Name: _____

Human Resources Use Only			
Benefits Updated:			
❏ IFAS	❏ EOC Listing	❏ Health	Date Entered: _____
❏ Dental	❏ Vision	❏ CalPERS	
❏ Voluntary Life	❏ Deferred Compensation	❏ Section 125	Initials: _____
❏ Service Record			