

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

Employee Name: _____

Effective Date: _____

Department / Division: _____

Employee #: _____

INSTRUCTIONS

Please complete and forward this form to your Department Head. Your Department will, in turn, forward a copy to Human Resources who will update your **personnel & payroll records** and notify benefits providers.

CHANGE OF ADDRESS

Mailing Address: _____

City: _____

State: _____

Zip: _____

Physical Address (if different): _____

Home Phone: _____

Mobile Phone: _____

Personal Email Address: _____

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

Legal Name: _____

Former Name: _____

Preferred *New Work* Email Address*: _____

* Note: work email addresses can be any length, however, when used as a log-in, computer usernames will be limited to 20 characters

Human Resources Use Only

Finance

Contact Info Updated:

One Solution Master WorkTerra CalPERS

Voluntary Life Deferred Comp Sterling** (Section 125)

(**note: the City is unable to update the employee address on a Sterling HSA)

Date Entered: _____

In addition – for Name Change:

One Solution work email

Initials: _____