

**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: _____

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

Finance

Benefits Updated:

One Solution

WorkTerra

CalPERS

Date Entered: _____

Voluntary Life

Deferred Comp

Basic Pacific (Section 125)

Initials: _____