

CITY OF GREEN BAY EMPLOYEE ADDRESS CHANGE

TO: Human Resources

DATE: _____

Please change my address and/or phone number as follows (**please print clearly**):

NAME: _____

DEPARTMENT: _____

NEW ADDRESS: _____

CITY & ZIP CODE: _____

TELEPHONE #: _____

EMAIL: _____

Employee's Signature: _____

Departments please initial this form once you have received it and make a copy to send to Human Resources.

Initials