

CITY OF GREEN BAY
EMPLOYEE ADDRESS CHANGE

TO: **Human Resources**

DATE: _____

Please change my address and/or phone number as follows **(Please Print)**:

NAME: _____ (no name changes)

DEPARTMENT: _____

NEW ADDRESS: _____

CITY & ZIP CODE: _____

TELEPHONE: _____ Unlisted? Yes No

Employee's Signature

For payroll only – Resident? Yes No

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

Initials