

## **EMPLOYEE CHANGE OF ADDRESS FORM**

Effective Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please complete all applicable information in its entirety and submit to Human Resources.

Fax 501-371-4496 or

Email to [lhinshaw@littlerock.gov](mailto:lhinshaw@littlerock.gov)

Thank You