



## **EMPLOYEE CHANGE OF ADDRESS FORM**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

**Signature:** \_\_\_\_\_

(Digital signatures not accepted)

Please complete all applicable information in its entirety and

submit to Human Resources via

Fax 501-371-4496 or Email to [HRAdministration@littlerock.gov](mailto:HRAdministration@littlerock.gov)

*Thank You*