



City and Borough of Sitka

Employee Address or Name Change Form

Effective Date _____

OLD INFORMATION:

Employee Name	Last	First	MI
Residence Address	Street Address	City	State Zip Code
Mailing Address	Street Address	City	State Zip Code
Contact Info	Phone Number	Personal email address	

NEW INFORMATION:

Employee Name**	Last	First	MI
Residence Address	Street Address	City	State Zip Code
Mailing Address	Street Address	City	State Zip Code
Contact Info	Phone Number	Personal email address	

*****If name change, please provide proof.***

Notifications (office use only)

Notification sent to:	(State how notification sent and date)	Notification sent to:	(State how notification sent and date)
Premera Health Insurance		Payroll	
US Able Life		People Trak	
SBS (Great West)		Other	

Return form to Human Resources: 100 Lincoln Street 3rd Floor,
 fax to 747-1846 or email to: hr@cityofsitka.org