



City and Borough of Sitka

EMPLOYEE ADDRESS OR NAME CHANGE

| | |
|---|--|
| Former Name (First, Middle, Last) <i>Please Print</i> | Name Change (First, Middle, Last) Please print |
| Old Mailing Address | New Mailing Address |
| Old Physical Address | New Physical Address |
| Current Personal Email Address | Current Home/Cell Phone Number |

Date to be effective: _____

Signature: _____

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

HR/Payroll 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 | | Other: | |
| SBS (Great West) | | Other: | |