



EMPLOYEE CHANGE OF ADDRESS FORM

Effective Date: _____

Employee Number: _____

Employee Name: _____

New Address: _____

Email 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

Thank You