

**CITY OF MATTOON
EMPLOYEE CHANGE OF ADDRESS FORM**

Employee Name: _____

Employee Previous Address _____

Employee New Address _____

Effective Date _____

Date

Employee Signature

Notifications will be made to the following:

- | | |
|--------------------------|--------------|
| <input type="checkbox"/> | Payroll |
| <input type="checkbox"/> | Health Ins |
| <input type="checkbox"/> | Dental Ins |
| <input type="checkbox"/> | Pension Fund |

****All other third-party notifications will need to be completed by the Employee.****

PLEASE RETURN TO CITY CLERK'S OFFICE.