

City and Borough of Sitka Employee Address or Name Change Form

NEW INFORMATION

Employee Name**	Last	First	Middle Initial
Residence Address	Street Address	City	State Zip Code
Mailing Address	Street Address	City	State Zip Code
Telephone	Area Code	Phone Number	

OLD INFORMATION

Employee Name	Last	First	Middle Initial
Residence Address	Street Address	City	State Zip Code
Mailing Address	Street Address	City	State Zip Code
Telephone	Area Code	Phone Number	

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

Check with whom you wish to have your address changed:

- Payroll
- States West Life Insurance
- Blue Cross
- SBS
- PERS
- Great West Deferred Comp
- ICMA Deferred Comp

(This column office use only)

- email*
- email*
- insight online*
- fax*
- fax*
- fax*
- fax*

Return form to Human Resources, 100 Lincoln Street 3rd Floor, or fax to 747-7403.