



The City of Oklahoma City

PERSONNEL DEPARTMENT

CHANGE OF ADDRESS REQUEST FORM

ACTIVE EMPLOYEES

NOTE: Send completed form to your Payroll Officer or to Personnel Department – HRIS. When entered, this form changes your address on PeopleSoft including Payroll and your health providers.

____ PeopleSoft ID number

RETIREES

NOTE: Mail completed form to the address below, attention: The City of Oklahoma City Personnel Department – Employee Benefits Division. A change of address could cause you to be out of the service area for some HMO plans. Contact your HMO carrier to verify. When entered, this form changes your address for health, dental and life insurance plans if enrolled. It does not change your address with the State or City Pension Boards who issue pension checks for retirees.

_____ People Soft ID Number

Name: _____ Effective Date of Change: _____
PRINT

Date of Birth: _____ Social Security number: _____ - _____ - _____

New Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different from above: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

SIGNATURE Date: _____

Please call (405) 297-2144 with questions.

City Offices Routing

_____ HRIS _____ Date Entered _____ Employee Benefits _____ Date Entered