



**OFFICE OF HUMAN RESOURCES**

*Employee Change of Address Form*

**Name** \_\_\_\_\_

**Old Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number (\_\_\_\_)** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

(Please complete form and return to: City of Moberly Human Resources, 101 West Reed, Moberly, MO 65270)