

**CHANGE OF LEGAL, HOME OR CHECK MAILING ADDRESS,  
TELEPHONE NUMBER, OR EMERGENCY ADDRESS**

**PRIVACY ACT**

Sections 293 of Title 5 to the U.S. Code authorizes the collection of this information. Collection of this information will be used in order to have a complete record of home, legal, emergency, and check mailing addresses. Social Security Numbers (SSN) are requested to keep records correct. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or for other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other public offices, public international organizations, and supervisors, if they request your current home, legal, or check mailing address. Giving us your SSN or any of the other information is voluntary. However, we cannot process your application, which is the first step toward changing your address. Incomplete addresses and Zip Codes will also slow processing in receiving vital information pertaining to personnel and payroll.

<b>1. INDICATE CHANGE DESIRED</b> <input type="checkbox"/> LEGAL ADDRESS <input type="checkbox"/> CHECK MAILING ADDRESS <input type="checkbox"/> TELEPHONE NUMBER <input type="checkbox"/> EMERGENCY ADDRESS <input type="checkbox"/> HOME ADDRESS <i>(If different from legal address)</i>		<b>INSTRUCTIONS</b>  <i>1. Forward designated copies to Payroll.</i> <i>2. Change check mailing address only-forward payroll copy to Payroll.</i> <i>a. Use SB-2104 to change Bond Mailing Address.</i> <i>b. Use SF-1199A only for checks mailed to Banks (Direct Deposit)</i>	
<b>2. NAME (Last, First, MI)</b>		<b>3. SOCIAL SECURITY NUMBER</b>  _ - _	
<b>4. LEGAL ADDRESS</b>	<b>5.</b> <input type="checkbox"/> I RESIDE WITHIN THE CORPORATE LIMITS OF THE CITY SHOWN  <input type="checkbox"/> I DO NOT RESIDE WITHIN THE CORPORATE LIMITS OF THE CITY SHOWN	<b>6. TELEPHONE NUMBER</b>  ( ) -	
<b>7. EMERGENCY ADDRESS AND ADDRESSEE</b>		<b>8. RELATIONSHIP</b>	<b>9. EMERGENCY TELEPHONE NUMBER</b>  ( ) -
<b>10. CHECK MAILING ADDRESS</b>	<b>11. HOME ADDRESS</b>	<b>12. EFFECTIVE PAY PERIOD ENDING DATE</b>	
<b>13. SIGNATURE OF EMPLOYEE</b>		<b>14. DATE</b>	