

**CITY OF OMAHA
CHANGE OF ADDRESS, TELEPHONE NUMBER, OR
EMERGENCY CONTACT INFORMATION**

(For Civilian Employees Only)

PLEASE PRINT OR TYPE:

SOCIAL SECURITY NUMBER: _____

NAME: _____

NEW ADDRESS: _____

CITY, STATE: _____ ZIP: _____

NEW TELEPHONE NUMBER: _____

EFFECTIVE DATE: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

RELATIONSHIP: _____

TELEPHONE NUMBER: _____

Forward to the Human Resources Department after changing your department records.