

**CITY OF PINOLE  
ADDRESS CHANGE FORM**

Please process the following change of address for our employee.

NAME
SSN
STREET
CITY, STATE & ZIP
HOME TELEPHONE

**HR Department Actions:**

**DATE:** \_\_\_\_\_

- \_\_\_\_ Personnel File
- \_\_\_\_ Payroll
- \_\_\_\_ PERS/Health
- \_\_\_\_ Dental
- \_\_\_\_ Vision
- \_\_\_\_ Deferred Comp
- \_\_\_\_ FSA/DCA