City of Fort Worth
Human Resources
Employee Contact Information Change Sheet

Employee Name: ___________________________ Employee ID: __________

**Home Address**
Street Address: _______________________________________________________
Rural Route: _______________________________________________________
Apartment/Unit#: _____________________________________________________
City: ___________________________ State: ____________ Zip: ____________

**Mailing Address (if different from home)**
If this is the preferred address for receiving correspondence from the City, check here __
Street Address or PO Box: _______________________________________________
Rural Route: _______________________________________________________
Apartment/Unit#: _____________________________________________________
City: ___________________________ State: ____________ Zip: ____________

**Phone Number**
Home Phone: _______________________________________________________
Personal Cell Phone: ________________________________________________
Personal Pager: _____________________________________________________

**Personal Email**
Email Address: ______________________________________________________

**Emergency Contact:**
Name: _____________________________________________________________
Relationship: _______________________________________________________
Phone Number: ______________________________________________________
Alternate Phone Number: _____________________________________________

Effective Date: _____________________________________________________

Employee Signature: ________________________________________________ Date: ____________

Revised 08/04/2011