



CITY OF CORAL GABLES
HUMAN RESOURCES DEPARTMENT

EMPLOYEE CONTACT INFORMATION/CHANGE OF ADDRESS FORM

Form with fields for: First Name, M.I., Last Name, Employee No., NEW Address, City, State, Zip Code, PREVIOUS Address, City, State, Zip Code, Home Phone, Cellular Phone, Work Phone, Other Phone, IN CASE OF SERIOUS ACCIDENT OR EMERGENCY, NOTIFY: Name, Relationship, Home Address, Home Phone, Cellular Phone, Business Phone, Employee Signature, Date, Department, Division.

FOR HR USE: General Employee: Yes No, F.O.P Member: Yes No, If yes, Google search, F.O.P Mileage: 20-40 miles \$30.00, 40+ miles \$60.00, Date processed: Processed by: