



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Department of Administration
 Division of Human Resources

Notification of Change of Address

Name of Employee: _____ Home Phone #: _____

Department & Division/Section: _____

Old Address: _____
 Number Street City State Zip

New Mailing Address: _____
 Number Street City State Zip

*****If new mailing address is a post office box, please indicate residence address below:**

Residence Address: _____
 Number Street City State Zip

 Signature of Employee

 Date

Submit completed forms to your Human Resources Office.

NOTE: Employees must also complete a change of information form for the Employees Retirement System of Rhode Island, available at <http://www.ersri.org>, as well as a Health Insurance Enrollment/Status Change Form available at <http://www.employeebenefits.ri.gov>. These forms are also available at your Human Resources Office.