



**Department of Military**  
**Employee Change of Address Form**

Return this form to Human Resources

Name \_\_\_\_\_  
First MI Last

Personnel ID# \_\_\_\_\_

New Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt #, if applicable

\_\_\_\_\_  
City State Zip Code

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_