NOTE: It is important that the City of Oakland has your most recent and complete contact information on file. Reinstatement opportunities will be communicated in writing and will be mailed to your last known address. The more ways you provide for us to contact you, the better we are able to communicate with you.

CHANGE OF ADDRESS OR OTHER PERSONAL INFORMATION

Return to: Department of Human Resources Management
150 Frank H. Ogawa Plaza, 2nd Floor Oakland, CA 94612-2019

CITY OF OAKLAND

EMPLOYEE INFORMATION OF RECORD

☐ Current City Employee ***OR*** ☐ Former City Employee

Social Security Number (Last four digits) XXX-XX-_ _ _ _ ***OR*** Employee Number _ _ _ _ _

Name _____
Last First Middle

Address _____
Street

_____
City State Zip

Home Phone (___)_____ Work/Message (___)_____

Email Address _____

New or corrected information (write "Same" when there is no change)

Social Security Number (Last four digits) XXX-XX-_ _ _ _ ***OR*** Employee Number _ _ _ _ _

Name_____
Last First Middle

Address_____
Street

_____
City State Zip

Home Phone (___)_____ Work/Message (___)_____

Email Address _____

Other Information Change_____
(marital status, dependents, etc.)

Certification

I hereby certify that the information listed above is true.

Signature_____ Date_____