

**DEPARTMENT OF HUMAN RESOURCES, CIVIL SERVICE
& MEDICAL BENEFITS**

200 ORANGE STREET
NEW HAVEN, CT. 06510
(203) 946-8252 / FAX (203) 946 -7166

CHANGE OF ADDRESS and/or NAME FORM

Name: _____ **Date:** _____

EMPLOYEE # (if current employee): _____

SOCIAL SECURITY # (last 4 digits): _____ **xxx - xx --**

OLD ADDRESS and/or NAME: _____

Phone: _____

NEW ADDRESS and/or NAME: _____

Phone: _____

CURRENT POSITION and/or POSITION(S) APPLIED FOR:

Signature: _____

Date: _____