

City of Fort Worth  
Human Resources  
**Employee Contact Information Change Sheet**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

**Home Address**

Street Address: \_\_\_\_\_

Rural Route: \_\_\_\_\_

Apartment/Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address (if different from home)**

**If this is the preferred address for receiving correspondence from the City, check here**

Street Address or PO Box: \_\_\_\_\_

Rural Route: \_\_\_\_\_

Apartment/Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Number**

Home Phone: \_\_\_\_\_

Personal Cell Phone: \_\_\_\_\_

Personal Pager: \_\_\_\_\_

**Personal Email**

Email Address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Alternate Phone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_