

City of Rochester
Bureau of Human Resource Management

CHANGE OF NAME/ADDRESS FORM
PLEASE PRINT

ATTENTION: EFFECTIVE OCTOBER 1, 2008: Residency in the City of Rochester at time of appointment for part-time, temporary and seasonal positions or within one year from appointment for full-time positions, is a requirement for all new hires to the City of Rochester per the Residency Requirement Administrative Policy. Continuous residency is required throughout employment, except for positions specifically exempt under State law or cooperatively governed with Monroe County.

OLD

(Prior) Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone Number: _(____)_____
Social Security: _____

Are you a current employee? Yes No Retired
Date of hire: _____

NEW

(New) Name: _____
If changing your name, you must submit a copy of your SS card with this form
Mailing Address: _____
City: _____
State: _____ Zip: _____
Residence Address (required if Mailing Address is a
PO Box): _____

Telephone Number: _(____)_____
Effective Date of Change: _____

Are you moving from a Non-City address to a City of Rochester address? If you are, you must submit two (2) of the documents listed below with this form showing the new address.

I hereby certify that the foregoing statement is complete and true. I understand that falsification of an address on a Civil Service Eligible List or Employment Application may lead to the removal of an individual's name from consideration for employment or, if employed, may result in termination.

*Signature*_____
Date

NOTE TO EMPLOYEES – This form updates your address with the City only. It does not update it with NYS Retirement System, Deferred Comp, etc.

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Driver's license with a printed address. If the driver's license has a hand written address, it must be accompanied by a Change of Address form filed with the DMV (Form MV232) | <input type="checkbox"/> Credit card billing statement |
| <input type="checkbox"/> Mortgage statement | <input type="checkbox"/> Recent legal document which includes an address (e.g., a marital separation agreement) |
| <input type="checkbox"/> Lease agreement or rent receipt | <input type="checkbox"/> Utility bill (e.g. electricity, gas, telephone, water bill, etc) |
| <input type="checkbox"/> Bank statement | <input type="checkbox"/> Voter registration card issued by the Board of Elections |

Date _____ Initials _____

Updated Sigma
E-mailed Consultant (if active app for PO, FF or 911)
HRS updated, if necessary

Verified by: _____
Date: _____

PLEASE RETURN FORM TO CITY HALL, BUREAU OF HUMAN RESOURCE MANAGEMENT, ROOM 103A, ROCHESTER, NY 14614