City of SACRAMENTO
Department of Human Resources

SEPARATED EMPLOYEES
REQUEST TO CHANGE CONTACT INFORMATION

This Request Form is only for prior employees of the City who have separated from employment. All active employees must change their address or contact information by logging into eCaps and completing their changes in Self Service. If you are a City retiree, please complete the PERS retiree form or SCERS retiree form located online at http://www.cityofsacramento.org/HR/Divisions/Benefits-Retirement/Retirement.

This form will change your contact information in the City's system used by Payroll and Human Resources.

EMPLOYEE ID #/SSN last 4 HOME PHONE # ALTERNATE PHONE #

FIRST NAME LAST NAME

HOME ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS

SIGNATURE - Required DATE

Mail completed and signed form to:

Benefit Services
City of Sacramento
915 I Street, HCH
Sacramento, CA 95814

Or return via email to BenefitServices@cityofsacramento.org.

Benefit Services Division
Main: (916) 808-5665; Fax: (916) 808-7326
915 I Street, HCH Plaza Level
Sacramento, CA 95814-2604