OFFICIAL CHANGE OF ADDRESS OR OTHER PERSONAL INFORMATION

Return to 150 Frank H. Ogawa Plaza, 2nd Floor
Oakland, CA 94612-2019

City of Oakland
Recruitment & Classification

Personal information as it currently appears in our files

☐ City Employee ***OR*** ☐ Applicant – Position applied for:_____

Social Security Number_____ Date Submitted_____

Name_____
Last First Middle

Address_____

_____
City State Zip

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

Information as it SHOULD appear (write SAME when there is no change)

Social Security Number_____ Date Submitted_____

Name_____
Last First Middle

Address_____

_____
City State Zip

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

Certification

I hereby certify that the information listed above is true.

Signature_____ Date_____

If ***City Employee***: One (1) copy to Benefits, One (1) copy to Payroll, Original copy to Retirement

If ***Applicant***: Original to most current application