



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

**OFFICE OF ADMINISTRATIVE SERVICES  
Human Resources**  
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[www.state.ar.us/dfa](http://www.state.ar.us/dfa)

CHANGE OF ADDRESS

Employee Name:

\_\_\_\_\_

Please Print

Employee Number:

\_\_\_\_\_

Date:

\_\_\_\_\_

New Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State

\_\_\_\_\_

Zip Code

Employee Signature:

\_\_\_\_\_