



**CHANGE OF ADDRESS**  
Complete and return to Personnel

**NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

CERTIFICATED       SUBSTITUTE       CLASSIFIED       OTHER

**POSITION:** \_\_\_\_\_

**SCHOOL SITE/DEPARTMENT:** \_\_\_\_\_

**NEW ADDRESS:** (PLEASE PRINT CLEARLY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW PHONE:**

Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
EFFECTIVE DATE OF CHANGE

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**FOR PERSONNEL USE:**

DISTRIBUTION:

- PAYROLL
- ACCOUNTING
- INSURANCE
- PERSONNEL FILE

DATE RECEIVED: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_