



CHANGE OF ADDRESS FORM

In accordance with Board Policy 6212.01 and 6212.02, certificated and classified employees are required to keep a current address and phone number on file with the Human Resources office. If an employee's address or phone number changes, the employee is required to complete a new form within 10 days of the date the change occurs. This form is available online, in the Human Resources office and in the Main Office at school sites. Forms will be date stamped and a copy will be returned to the appropriate divisions for processing.

PLEASE NOTE: This information will be used for official district business only and will be kept strictly confidential. Failure to keep this information current could jeopardize continued employment.

PLEASE COMPLETE EACH FIELD

Employee ID: _____ Certificated Classified

Name: _____ Date of Birth: _____

Former Name: _____
(If applicable)

Worksite/Department: _____

Last four digits of Social Security number (for identify verification): _____

SPECIFY WHICH INFORMATION IS TO BE UPDATED

IMPORTANT: Please enter only new address/phone number(s). Including information already on file will slow processing.

Mailing Address: Street/PO Box: _____
Apt. No. _____ City: _____ State: _____ Zip: _____

Phone Number(s): Home: _____
Cell: _____
Other: _____

Personal Email: _____

Employee Signature: _____

Date: _____

HR USE ONLY: