

**Antelope Valley Union High School District
CHANGE OF ADDRESS FORM.**

Submit to Personnel Services Department.

Social Security Number: _____

Name: _____

School Site: _____ Position: _____

NEW ADDRESS: (Must be your residential address. For mailing address see below.)

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

MAILING ADDRESS: Check box if mailing address is the same as above

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Work: _____

Street: _____

City: _____ State: _____ Zip: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

Please note, form will not be accepted without signature and date

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Personnel Office Use Only

RECEIVED BY: _____

DATE: _____

PROGRAM(S) INPUT/DATE: HRS: _____ DIGITAL: _____ SUBFINDER: _____ NICELY DONE: _____ PS: _____

CC: Payroll
Risk Management
School Site