

SUHSD – HUMAN RESOURCES DEPARTMENT
431 W. Alisal Street, Salinas, CA 93901
ADDRESS CHANGE FORM

PLEASE PRINT ALL INFORMATION

Name: _____ SSN: XXX - XX - : _____
(Last four digits only)

Work Site: _____ Change Effective Date: _____

New Address: _____ City _____ State _____ Zip Code _____

Telephone: _____
Home _____ Cell _____

Emergency Contact Name(s): _____ Telephone: _____
_____ Telephone: _____

Signature: _____ Date: _____

HSD-154 (11/2010)

Distribution: Original – Personnel File
Copy – Payroll Department
Copy - Employee