

**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)

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