



AROMAS SAN JUAN UNIFIED SCHOOL DISTRICT CHANGE OF ADDRESS FORM

PLEASE COMPLETE AND SUBMIT TO HUMAN RESOURCES

Classified: _____ **Certificated:** _____ **Management:** _____ **Substitute:** _____

Effective Date of Change: _____

Name: _____

Previous Address: _____
Street/PO Box # (if using a PO Box #, please also provide a street address)

City State Zip

New Address: _____
Street/PO Box # (if using a PO Box #, please also provide a street address)

City State Zip

Previous Email Address: _____

New Email Address: _____

Previous Phone Number: _____

New Phone Number: _____

Employee Signature

Date

HR: _____ Date Processed: _____ Payroll: _____ Date Processed: _____