

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

Submit to Personnel Services Department.

Social Security Number: _____

Name: _____

School Site: _____ Position: _____

NEW ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

home phone : _____ cell phone: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Work: _____

Street: _____

City: _____ State: _____ Zip: _____

EMPLOYEE DIRECTORY – SELECT ONE: (NOTE: Your preference will be updated for the *next edition* AVUHSD Employee Directory. The directory is not distributed via hard copy. It is available for viewing/printing with password at www.avdocs.org in the Personnel Services Section).

All Information

Name Only

Name and Address Only

Name and Phone Number Only

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