

**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](http://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: \_\_\_\_\_

CC: Payroll  
Risk Management  
School Site