

LAS VIRGENES UNIFIED SCHOOL DISTRICT

CHANGE OF ADDRESS

EFFECTIVE DATE: _____ WORK SITE: _____

NAME OF EMPLOYEE: _____

NEW STREET ADDRESS: _____

NEW CITY, STATE, ZIP: _____

AREA CODE & PHONE NUMBER: _____ CELL: _____

TO BE COMPLETED BY PERSONNEL SERVICES

HRS _____ Aesop _____ Database _____ Facesheet _____ Benefits _____

It is **your** responsibility to notify **STRS** (www.calstrs.com)
or **PERS** (calpers.ca.gov) of your address change

PLEASE NOTIFY YOUR SUPERVISOR OF ADDRESS CHANGE
PLEASE SEND THIS FORM TO PERSONNEL SERVICES