Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

PERSONNEL SERVICES
CHANGE OF ADDRESS & CONTACT INFORMATION

EMPLOYEE NAME: _____ **SITE/DEPT:** _____
(First) **(Last)**

Last 4 Digits of Social Security _____
(For ID purpose only)

Address	**Street**	**City**	**State**	**Zip**	**Apt #**
Old Address					
New Address					

Phone Number	**Home**	**Cell**
Old Number		_____
New Number		_____

E-Mail	
Old E-Mail	
New E-Mail	

Employee Signature: _____ **Effective Date:** _____

Personnel _____

Payroll _____

School/Dept. _____

Revised 07/01/19

Simi Valley Unified School District
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