Hilmar Unified School District 7807 Lander Ave Hilmar, CA 95324

Home Address: Street Number

Mailing Address: _____

CHANGEOF ADDRESS FORM



Zip Code

Zip Code

Equal employment opportunity

IMPORTANT! Please fill out <u>all</u> items on this form. Whenever any change in this information occurs, fill out a new form and submit it to the Human Resources Office. This form will be used for your mailing address and home address.

Employee's Legal Name (Please print):______Employee ID # _____

Home Phone:		Mobile Phone:
Employee's Signature		Date
	District Offic	ce Use Only:
Date Received:	ID #:	<u> </u>
American Fidelity	Attendance File	Insurance File P.O.
Payroll/PERSQSS, Frontline, Personnel, Employee List, Dymo		