

**MORGAN HILL UNIFIED SCHOOL DISTRICT
CHANGE OF ADDRESS FORM**

PLEASE COMPLETE AND SENT TO HUMAN RESOURCES, DISTRICT OFFICE

CLASSIFIED

CERTIFICATED

DATE:

EFFECTIVE DATE OF CHANGE:

NAME:

SOCIAL SECURITY NUMBER:

SITE:

NEW ADDRESS:

Street-PO Box Number (using a PO Box – Please provide street address)

PHONE #:

CELL #:

SIGNATURE: _____

Routing: School Site HR QSS ACES HR Benefits

Business Services: Payroll Buyer