LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION

CHANGE OF ADDRESS REQUEST FORM

0 0 _____ _____
EMP NUMBER/PERN NUMBER

_____
PAYROLL NAME

_____
DATE

_____
SIGNATURE

HOME ADDRESS (Official Address)

_____
NUMBER AND STREET

_____ _____
CITY STATE

_____ _____ _____ _____
ZIP CODE AREA CODE TELEPHONE NUMBER

FORM WILL NOT BE PROCESSED WITHOUT SIGNATURE

1. This form may be sent via School Mail to:

Beaudry Building
Human Resources Division
Department M

Or

2. via U.S. Mail to:

Los Angeles Unified School District
Human Resources, Dept. M
333 S. Beaudry Ave., 14th Floor
Los Angeles, CA. 90017

Or

3. By fax to:

Fax : (213) 241-8404

HR8201