

Panama-Buena Vista Union School District

EMPLOYEE CHANGE OF ADDRESS

(PLEASE SEND COMPLETED FORM TO PAYROLL)

EMPLOYEE: _____ Employee ID# _____ SITE: _____

(If you have changed your name please contact Personnel immediately at OPX 6136 - Old Name: _____)

Effective Date of Change: _____ Phone #: _____

NEW ADDRESS: _____
Street Address

City, State, Zip

Please Check: _____ Certificated Employee _____ Classified Employee

_____ Certificated Substitute _____ Classified Substitute

Rev 1/10/11pp

District Use Only: White: Payroll Yellow: Personnel Pink: SONYA

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