

**ORANGE UNIFIED SCHOOL DISTRICT
CHANGE OF ADDRESS ONLY**

Certificated _____ *Classified* _____

Please Print or Type

Name: _____
Last First Middle

Address: _____
Number Street Unit/Apt.

City: _____ State _____ Zip Code _____

Telephone: _____ Date of Birth _____ Employee ID # _____

Job Title _____ Location: _____

SIGNATURE: _____ Effective Date: _____

Note: If you wish to have an unlisted telephone number, be sure to circle your number.

*****PLEASE RETURN THIS FORM TO EITHER CLASSIFIED/ CERTIFICATED HUMAN RESOURCES*****

YOU MUST CONTACT RISK MANAGEMENT REGARDING YOUR ADDRESS CHANGE. THEY REQUIRE ADDITIONAL PAPERWORK FOR YOUR INSURANCE CARRIER.