

**EAST SIDE UNION HIGH SCHOOL DISTRICT
NOTICE OF CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER**

DATE: _____

NAME: _____ (Last) _____ (First) _____ (M.I.)

SOCIAL SECURITY/EMPLOYEE ID #: _____

LOCATION: _____

CERTIFICATED: CLASSIFIED: ADULT EDUCATION:

ENTER CHANGE ON APPROPRIATE LINE OR LINES

ADDRESS: _____

CITY/STATE/ZIP: _____, CA _____

TELEPHONE NUMBERS: _____

PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES