



Fiscal solutions through collaboration,
innovation, and communication

VCSBSA
Change of Address Request Form

District/Charter: _____

Employee Name: _____

Employee New Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employee Signature _____

Date _____

******FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE******

Note:

Certificated employees will also need to complete the CalSTRS address change form and mail it directly to CalSTRS.