



## 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.

All employees covered by SISC (health and welfare benefits) will also need to complete a SISC member change form.