# LOS ANGELES UNIFIED SCHOOL DISTRICT PAYROLL ADMINISTRATION

## **CHANGE OF ADDRESS REQUEST FORM**

FAR ALLARDE (PEDCON ID	
EMP NUMBER/PERSON ID DATE	
FIRST NAME MI LAST NAME	
SIGNATURE	
HOME ADDRESS (Official Address)	
NUMBER AND STREET	
CITY	ΙΤΕ
ZIP CODE AREA CODE TELEPHONE NUMBE	D.

PLEASE NOTE: REQUEST WILL NOT BE PROCESSED WITHOUT SIGNATURE.

SUBMIT COMPLETED FORM VIA:

#### SCHOOL MAIL

Payroll Administration Beaudry Building 27<sup>th</sup> Floor

### U.S. MAIL

Los Angeles Unified School District Payroll Administration 333 S. Beaudry Ave., 27<sup>th</sup> Floor Los Angeles, CA 90017

#### **FAX**

Fax Number: (866) 761-7413