



LAKE-GEAUGA UNITED HEAD START, INC.

EMPLOYEE PERSONNEL FILES

CHANGE OF ADDRESS FORMS

NAME \_\_\_\_\_ CENTER \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Effective Date \_\_\_\_\_

New Phone: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_