

Employee Status Change Form

GENERAL INFORMATION

Last: _____ First: _____ MI: _____

Social Security Number: _____ Employee Number: _____

Department: _____

What do you want to change? Name (go to Section A) Address (go to Section B)

Section A

NAME CHANGE

Note: Employee is required to provide legal proof for name change: Marriage Certificate / Divorce Decree / or other legal document.

Current Name:

Name - Last: _____ First: _____ MI: _____

Previous Name:

Name - Last: _____ First: _____ MI: _____

Section B

ADDRESS CHANGE

Note: All fields are mandatory.

NEW INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Will you reside within Corporation Limits? Yes No If yes, list corporation: _____

School district in which you will reside: _____ Does the school district have an income tax? Yes No

PREVIOUS INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Did you reside within Corporation Limits? Yes No If yes, list corporation: _____

School district in which you resided: _____ Did the school district have an income tax? Yes No

Reminder: This form updates County records. Other change forms may be required to update the records of insurance, OPERS/STRS and/or other independent parties.

Employee Signature: _____ Date: _____

FOR AUDITOR'S OFFICE USE ONLY

Employee Number: _____ Date recorded in system: _____

Date copied to H/R: _____ Deputy Auditor Initials: _____