

**CHANGE OF INFORMATION FORM**

CHANGE OF :  NAME

*new Federal and State Tax forms, Social Security Card and drivers license are also required and if due to marriage - provide marriage license / if due to divorce - please provide divorce decree*

ADDRESS

PHONE

EMAIL

EFFECTIVE DATE: \_\_\_\_\_

<b>OLD INFORMATION:</b>	
NAME:	_____
ADDRESS:	_____ _____ _____
COUNTY:	_____
PHONE:	(    ) _____ - _____
EMAIL:	_____

*\*Note - employees are responsible for change of information with SERS, STRS, Ohio Deferred Comp, Colonial Insurance - please contact me if you need phone numbers to contact them.*

<b>NEW INFORMATION:</b>	
NAME:	_____
ADDRESS:	_____ _____ _____
COUNTY:	_____
PHONE:	(    ) _____ - _____
EMAIL:	_____

COMMENTS:
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*For Office Use Only:*

*Biographical*

*Database*

*Medical Mutual*

*Notify Personnel*

*Notify Budgetary*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SIGNATURE: \_\_\_\_\_

**Please complete and submit to Amy Buchtel - Payroll**  
Fax: 740-439-5736 or email: [Amy.Buchtel@ovesc.org](mailto:Amy.Buchtel@ovesc.org)