

CHANGE OF INFORMATION FORM

CHANGE OF : NAME * new Federal and State Tax forms, Social Security Card and drivers license are also required.
If due to marriage - provide marriage license - if due to divorce - please provide divorce decree

ADDRESS, COUNTY, STATE *New tax form required if changing STATES

PHONE / EMAIL

EFFECTIVE DATE: _____

OLD INFORMATION	NAME:	_____			
	ADDRESS:	_____ _____			
	COUNTY:	_____			
	HOME PHONE:	() _____ - _____	CELL PHONE:	() _____ - _____	
	WORK EMAIL:	_____		PERSONAL EMAIL:	_____
	STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED			

*Note - EMPLOYEES ARE RESPONSIBLE for changing information with: SERS, STRS, Ohio Deferred Comp, Colonial Insurance and American Fidelity - please contact me if you need phone numbers to contact them.

NEW INFORMATION	NAME:	_____			
	ADDRESS:	_____ _____			
	COUNTY:	_____			
	HOME PHONE:	() _____ - _____	CELL PHONE:	() _____ - _____	
	WORK EMAIL:	_____		PERSONAL EMAIL:	_____
	STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED (First Name of Spouse _____) <input type="checkbox"/> DIVORCED			
	CITY TAXES:	New local city tax or school district tax? _____			

COMMENTS: _____

For Office Use Only:

Biographical

Database

Medical Mutual

Notify Budgetary

SIGNATURE: _____

Please complete and submit to Amy Buchtel - Payroll/Benefits
 Phone: 740-439-3558 ext 4233 Fax: 740-439-5736 or email:
Amy.Buchtel@ovesc.org