



Miami Trace Local School District
3818 State Route 41 NW • Washington C.H., OH 43160
PH: (740) 335-3010 • FAX: (740) 335-1959
<http://www.miamitrace.k12.oh.us>

EMPLOYEE INFORMATION CHANGE FORM

Current Employee Information

Full Name**: _____ SSN: _____
Last First M.I. (Last four digits only)

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

***A legal name change must be accompanied by a copy of your social security card that shows the updated legal name.*

Updated Employee Information

Full Name**: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Residential Tax Information (REQUIRED if address has changed)

Old Residential City Name _____ Withhold taxes Do not withhold taxes

New Residential City Name _____

Old Residential School District Name _____ Withhold taxes Do not withhold taxes

New Residential School District Name _____

New Residential School District Number _____

Employee Authorization

I authorize Miami Trace Local Schools to update my employee information to reflect what I have provided in the space above. I understand that it is my responsibility to notify the district should this information change. I also understand that it is my responsibility to notify the district if I would like any further local withholdings from my pay.

Signature: _____ Date: _____