

Miami Trace Local School District

Kim Pittser | Superintendent
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3818 State Route 41 NW
Washington Court House, OH 43160

740.335.3010

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www.miamitrace.k12.oh.us

EMPLOYEE INFORMATION CHANGE FORM

Old 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.

New 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: _____