

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT
Human Resources Department

EMPLOYEE CHANGE OF STATUS FORM

Please PRINT:

OLD LISTING			NEW LISTING		
Social Security #			Social Security #		
Name: Last	First	M.I.	Name: Last	First	M.I.
Address			Address	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	City	State	Zip
Phone No.			Phone No.	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency contact:					
Name	Relationship	Address	City	Phone No.	
Current Assignment			Building		

NOTE: *If there has been a change in your spouse or dependent children due to birth, death, marriage, divorce, legal separation or dependent child's loss of group eligibility, please complete the following information for a change in tax deductions, beneficiary, and/or benefit coverage. Be sure to complete the appropriate insurance company form(s), and return along with this form to the Human Resources Department.*

Name:	Reason for Change:

OLD TAX STATUS	NEW TAX STATUS
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED # of Exemptions: _____	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED # of Exemptions: _____

Tax Status changes must be accompanied by a new W-4 (Federal) or IT-4 (State) form.

Employee Signature: _____ Date: _____

Date Received in Human Resources Department: _____