

*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: _____