

**CUYAHOGA FALLS CITY SCHOOLS
EMPLOYEE INFORMATION CHANGE FORM**

EFFECTIVE DATE _____

Name _____
 First Middle Last

Work Location _____

New Name _____
 First Middle Last

SS# _____

Spouse Name _____

Address (if changed) _____
 # and street

City

State

Zip

Telephone # (if changed) _____

If you need to change any of the following, please indicate and we will send you the correct forms.

- _____ Withholding tax
- _____ Life Insurance (beneficiary)
- _____ Hospitalization and/or Dental
- _____ Credit Union
- _____ Retirement (beneficiary)

Retirement – changed must be made directly with the retirement system:
Call – STRS – 1-888-227-7877 SERS – 1-866-280-7377

SIGNATURE

Route to: Treasurer's Office
 Business Office
 Superintendent's Office