

COLUMBIANA EXEMPTED VILLAGE SCHOOLS  
TREASURER'S OFFICE  
EMPLOYEE INFORMATION CHANGE REPORT

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_

School District Number: \_\_\_\_\_

If address change is due to marriage, divorce, separation, etc., please call our office so that we can provide you with the necessary tax forms for changes. In addition, if you have changes in eligible dependents, please inform our office immediately so that insurance coverage forms can be completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to building secretary after completed.

Circulation:

Payroll \_\_\_\_\_  
Acct. Payable \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Supt. Office \_\_\_\_\_  
Bldg. Sec'y. \_\_\_\_\_  
Other \_\_\_\_\_

Other possible entities that you might want to contact to change address:  
(If we have the appropriate change form, we will send it to you after receipt of this form.)

\_\_\_\_\_ STRS                      \_\_\_\_\_ Annuity Companies                      \_\_\_\_\_ Union Representative  
\_\_\_\_\_ SERS                      \_\_\_\_\_ Credit Union                      \_\_\_\_\_ Insurance