

CLEVELAND MUNICIPAL SCHOOL DISTRICT

EMPLOYEE DEMOGRAPHIC DATA CHANGE REQUEST FORM

THIS AREA MUST BE COMPLETED IN ORDER FOR THE FORM TO BE PROCESSED

Name CURRENTLY on File: _____ Social Sec. No.: _____
Last, First, Middle Initial

Current Position: _____ Work Location: _____

ALL NAME CHANGES OR SOCIAL SECURITY NUMBER CHANGES MUST BE ACCOMPANIED BY LEGAL DOCUMENTATION.
 IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO CONTACT HIS/HER RESPECTIVE RETIREMENT SYSTEM AND HEALTH COVERAGE PROVIDER.

NOTE: ON THE FOLLOWING LINES, ONLY RECORD THE INFORMATION THAT IS CHANGING

		FROM	TO
1.	Last Name:		
2.	Maiden or Former Last Name:		
3.	First Name:		
4.	Middle Initial:		
5.	Soc. Sec. No.:		
6.	Birth Date		
7.	Street Address		
8.	City		
9.	State		
10.	Zip Code		
11.	Phone:		
12.	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated

EMERGENCY CONTACT INFORMATION

Name:		Relationship:	
Home Phone:		Business Phone:	

Employee's Signature: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

Processed by:		Date	
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