

# Auglaize County ESC Employee Change Form

EFFECTIVE DATE \_\_\_\_\_

OLD	NEW
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
SCHOOL DISTRICT (RESIDE IN)	SCHOOL DISTRICT (RESIDE IN)

**\*\* IF YOU HAVE A NAME CHANGE, YOU MUST PROVIDE A NEW SOCIAL SECURITY CARD**

**\*\* AS A REMINDER, IF YOU CHANGE YOUR NAME OR ADDRESS,  
YOU NEED TO NOTIFY EITHER  
SERS @ (866) 280-7377 OR STRS @ 1-888-227-7877**

MARITAL STATUS CHANGE	MARRIED	_____	DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO	DIVORCED	_____
			DATE

DEDUCTION CHANGES (these changes REQUIRE additional forms)	
<b>INSURANCE DEDUCTION CHANGE</b>	
MEDICAL	
Rx	
DENTAL	
VISION	
<b>FEDERAL/STATE DEDUCTION CHANGE</b>	
<input type="checkbox"/> FEDERAL	Requires new W-4 form
<input type="checkbox"/> STATE	Requires new IT-4 form
<input type="checkbox"/> SCHOOL DISTRICT	Requires School Tax form
<b>DIRECT DEPOSIT CHANGE</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Requires Authorizations for Direct Deposit form	

**PLEASE RETURN FORM TO KRISTY WEAKS**