UPPER DARBY SCHOOL DISTRICT

DEMOGRAPHIC INFORMATION CHANGE FORM

***PRINT* ALL INFORMATION**		**Send completed form to the Personnel Office**	
NAME		WORK LOCATION	
EMPLOYEE ID#		EFFECTIVE DATE	
	FROM		TO
SOCIAL SECURITY #			
NAME		--------	
ADDRESS		--------	

CITY		--------	
MUNICIPALITY **AND** PSD CODE		--------	

EFFECTIVE JANUARY 1, 2012 PENNSYLVANIA LAW REQUIRES THAT ALL EMPLOYEES PROVIDE THE MUNICIPALITY NAME AND PSD CODE FOR THEIR PLACE OF RESIDENCE FOR THE COLLECTION AND DISTRIBUTION OF LOCAL EARNED INCOME TAXES.

COUNTY		--------	
STATE & ZIP CODE		--------	
TELEPHONE NUMBER		--------	
CELL PHONE		--------	
Personal Email			
Emergency Contact		Emergency Phone #	
Physician		Physician Phone #	
Spouse		Spouse Phone #	

PLEASE NOTE: Name change requests must be accompanied by a copy of the new Social Security Card and a Marriage Certificate/Divorce Decree.

Signature: _____ Date: _____

official use:
personnel/payroll/benefits