



North Hills School District
135 Sixth Avenue
Pittsburgh, PA 15229-1291
Phone: 412-318-1010
Fax: 412-318-1084
www.nhsd.net

EMPLOYEE REQUEST FOR ADDRESS/NAME CHANGE

Instructions: Complete all applicable information below and return it to the **Human Resources Office**. Please print clearly.

Change Requested: <input type="checkbox"/> Name Change* <input type="checkbox"/> Address Change**	Effective Date of Requested Change:
FROM	TO
Name: _____	Name: _____
Address: _____ Street Apt. #	Address: _____ Street Apt. #
City, State, Zip+4	City, State, Zip+4
Home Phone: _____	Local Earned Income Tax Municipality: _____
Cell Phone: _____	Home Phone: _____
Personal Email: _____	Cell Phone: _____
*NAME CHANGE ONLY	Personal Email: _____
A copy of your new Social Security card must accompany all name changes. Requests without this documentation will not be processed.	**ADDRESS CHANGE ONLY
	A Local Earned Income Tax Residency Certification must accompany address changes. Requests without this documentation will not be processed.
Has your marital status changed? If so, please indicate current status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
AUTHORIZATION	
Employee Signature: _____	Date: _____
OFFICE USE ONLY	
<input type="checkbox"/> Prosoft (AM) <input type="checkbox"/> Personnel File (Name Change Only) (AM) <input type="checkbox"/> AESOP (Name Change Only) (WC) <input type="checkbox"/> ID Badge (Name Change Only) (WC)	
<input type="checkbox"/> Payroll (TK) <input type="checkbox"/> Benefits (RS) <input type="checkbox"/> Technology (Name Change Only) (DC) <input type="checkbox"/> Business Office (PL) <input type="checkbox"/> Weather/Emergency (DH) <input type="checkbox"/> Comply (DC)	



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION														
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
STREET ADDRESS (No PO Box, RD or RR)														
SECOND LINE OF ADDRESS														
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER											
MUNICIPALITY (City, Borough or Township)														
COUNTY	RESIDENT PSD CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										TOTAL RESIDENT EIT RATE			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION														
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)														
SECOND LINE OF ADDRESS														
CITY	STATE	ZIP CODE	PHONE NUMBER											
MUNICIPALITY (City, Borough or Township)														
COUNTY	WORK LOCATION PSD CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										WORK LOCATION NON-RESIDENT EIT RATE			

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com