



CHANGE OF PERSONAL INFORMATION

EMPLOYEE NAME:

EFFECTIVE DATE:

DEPARTMENT:

POSITION:

	FORMER	NEW
Name (if changed)*		
Address**		
City/State/Zip		
Telephone Number		

* If name is changing, a new social security card must be submitted before it can be changed in PeopleSoft/Oracle

** If street address is changing, please complete a new IT-4 (State of Ohio tax withholding form)

Employee: Submit to Immediate Supervisor

Supervisor: Copy and send to Human Resources

PLEASE NOTE: It is the employee's responsibility to notify OPERS and Deferred Comp (Ohio Deferred Comp or County Commissioners Association of Ohio). If you have an online account with them, you should be able to do it online.

