

BRADFORD AREA SCHOOL DISTRICT

Date: _____

Personal Information Change Form

Please complete the following information if you are a new hire or if you have a name, address, or phone number change. This information is needed for the staff directory, payroll, accounts payable, technology and human resources offices. If you have any questions or concerns, please contact Sam Johnson at ext. 2502.

For ALL name changes you must also submit a new W4 form and copies of your new driver's license AND new Social Security card

Name: _____

eMail (Required eff 7/1/19, per PSERS): _____

Former last name (if applicable): _____

***For all address changes, you must complete Residency Certification Form, attached.**

New address (if applicable): _____

Taxing Municipality (City, or Borough, or Township): _____

Primary Phone Number: _____

Secondary Phone Number (if applicable): _____

Do you want your number **listed** in the staff directory?

Yes _____ No _____ If **yes**, which one? Primary _____ Secondary _____

School: _____

Subject teaching: _____ Room # _____

Signature: _____

Please return this form to your building's main office when complete.

For office use only

Technology _____

Employee Portal _____

A/P _____

HR _____

Payroll _____



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

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, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MUNICIPAL NON-RESIDENT EIT RATE

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
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
 Select Get Local Gov Support, >Municipal Statistics