



Port Huron Schools
Advocate Innovate Educate

Employee Change Form

Effective Date of Change _____

Building / Location _____

Old Information

New Information

Name		Name	
Address		Address	
City		City	
State		State	
Zip		Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	

Marital Status Change: YES ☐ NO ☐

If YES, provide copy of marriage cert/divorce decree; update insurance and beneficiary information. Complete new emergency card with contact information

Name Change: YES ☐ NO ☐

If YES, provide copy of driver's license and social security card with new information.

City Tax Form: Will your move change your city tax status? YES ☐ NO ☐

If YES, complete a City Income Tax Withholding Form

Office of Retirement Services (ORS): Address, name and beneficiary changes to be completed by employee on line at www.michigan.gov/ors

****UNION MEMBERS NOTIFY UNION OF AN ADDRESS OR NAME CHANGE****

FOR HUMAN RESOURCES USE ONLY

_____ Personnel

Date: _____

_____ Benefits

Date: _____

_____ Technology

Date: _____