

PLEASE COMPLETE AND RETURN TO THE PAYROLL DEPARTMENT

CHANGE OF ADDRESS and/or NAME

Date change is effective: _____

Employee ID #: _____ Position: _____ Building: _____

Current Name: _____ Previous name: _____

▶ Name changes are only completed when a copy of your new Social Security card is attached.

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

▶ Required for all address changes: School District Code: _____ School Dist.: _____

▶ STRS no longer issues change of address cards so the payroll department can not inform them of your new address. STRS requires that employees update information via their Web site, www.strsoh.org or by calling toll-free 1-888-227-7877. (You may need your STRS Ohio account number as it appears on your Annual Statement of Account.)

(Employee Signature) Date: _____

Payroll use only

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> File |
| <input type="checkbox"/> Retire | <input type="checkbox"/> Sick Leave |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Criss-Cross |

Administrative Offices only

- | | |
|--|---|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Substitute Office | <input type="checkbox"/> Payroll |
| | <input type="checkbox"/> Student Services |