

MONTOUR SCHOOL DISTRICT



** INFORMATION FORM **

DATE:	PPID/BADGE #:
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PLEASE CHECK BELOW ALL APPLICABLE DATA:

<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> ADDRESS CHANGE
<input type="checkbox"/> NEW NAME:	<input type="checkbox"/> TELEPHONE CHANGE:

NAME:

FORMER NAME:

MAILING ADDRESS:

CITY, STATE, PA:

TELEPHONE NO:	POSITION:
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FIRST DAY WORKED:	DATE OF BIRTH:
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RESIDENCY INFORMATION:

PLEASE INDICATE THE NAME OF YOUR LOCAL EARNED INCOME TAX DISTRICT YOU RESIDE IN:	
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PLEASE INDICATE THE SCHOOL DISTRICT THAT YOU RESIDE IN:	
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HAVE YOU PAID YOUR LOCAL SERVICE TAX?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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NOTE: IF YOU ANSWERED "YES", ABOVE, PLEASE FORWARD A COPY OF YOUR RECEIPT FOR LST TO THE PAYROLL DEPARTMENT.