



Forest Hills Public Schools

Grand Rapids, MI

EMPLOYEE INFORMATION UPDATE

PLEASE PRINT

Name: _____ Building: _____

Employee I.D. (Not SS #) _____ Position: _____

COMPLETE FOR NEW INFORMATION ONLY

Name Change*

From: _____ **To:** _____

***Must submit updated social security card with new name.**

**If changes are needed to insurance or beneficiary forms,
contact the Human Resources Department.**

COMPLETE FOR NEW INFORMATION ONLY

New Address: _____

Zip Code: _____ **Phone #:** _____

Do you need Grand Rapids City Tax withheld? Yes* No

Do you need Walker City Tax withheld? Yes* No

***Tax form must accompany this request if Grand Rapids or Walker taxes are to be withheld.**

Active Employee

Inactive Employee

Comments: _____

Effective Date For Change: _____

Signature: _____ Date: _____

***This form is NOT to be used in place of a W-4 tax form**