THE COLLEGE OF WOOSTER

Public School District of Residence
Employee Withholding Certificate

We are required by Ohio Law (Ohio Revised Code, Section 5747.06 (E)) to ask all staff members for their public school district of residence. Please fill out, sign, and date this form. Your exemptions are the same for school district withholding as they are for state income tax withholding purposes.

RETURN THIS COMPLETED DOCUMENT TO THE COLLEGE OF WOOSTER HUMAN RESOURCES OFFICE.

NAME_____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____ NUMBER (*see reverse*) _____

_____ _____
SIGNATURE DATE

Return of College Property

I understand that at the time of my separation as an active employee of the College of Wooster, I am responsible for the return of College property that has been issued to me. This includes keys, electronic devises, charge cards, clothing and my identification card. I understand that an unpaid charge account balance and the replacement cost of unreturned College property will be deducted from my final paycheck and/or my accrued vacation payout.

_____ _____ _____
SIGNATURE DATE DEPARTMENT

DEPENDENT INFORMATION

THIS FORM IS TO ASSIST US IN IDENTIFYING DEPENDENTS FOR ID AND BENEFIT PURPOSES. PLEASE LIST BELOW YOUR SPOUSE (IF APPLICABLE) AND ALL UNMARRIED CHILDREND UNDER 21 YEARS OF AGE.

FULL LEGAL NAME	BIRTHDATE	GENDER		RELATIONSHIP	*DOES THIS DEPENDENT RESIDE AT YOUR ADDRESS	
		MALE	FEMALE		YES	NO

*IF DEPENDENT ADDRESS DIFFERS FROM YOUR CURRENT HOME ADDRESS, PLEASE INDICATE BELOW:

_____

_____

Contact Information

NICKNAME_____ HOME PHONE_____

CELL PHONE _____ PERSONAL EMAIL_____