



**GARFIELD HEIGHTS CITY SCHOOLS
CHANGE NOTICE**

Please forward to Human Resources in Central Office

NAME: _____ DATE: _____

Reason for change(s):

- New Address/Telephone Number

- Name Change (You will need a new W-4 & IT-4 form and provide a copy of your new Social Security Card. Your name will not be changed until received. Also, please remember to update your insurance information.)

- Other (Please explain) _____

New Name:
Address:
Telephone Number:
Other:

Signature: _____ Date: _____