



THE SCHOOL DISTRICT OF PHILADELPHIA

EMPLOYEE MARITAL STATUS CHANGE FORM

Complete this form to change your information with the School District of Philadelphia.

REQUIRED INFORMATION

Employee Name

Social Security Number

Employee ID

Marital Status*

Reason for Change(s)

(Check all that apply)

Single

Marriage

Married

Divorce

Other

THIS FORM IS TO BE USED FOR SELF REPORTED DEMOGRAPHIC INFORMATION ONLY

*** You must submit separate paperwork to Payroll to update your tax withholding.
You must submit a benefits enrollment form to add/remove a spouse from your coverage.**

Submit this form to:

School District of Philadelphia
440 North Broad Street, Suite G-10
Philadelphia, PA 19130

OR

Fax: (215) 400-4631
E-mail: benefits@philasd.org

I am requesting that my employer, the School District of Philadelphia, change the above information. I attest that the above information is true. I understand that the information will not be changed if the form is incomplete.

Employee Signature

Date

Day time phone number