



# 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

<u>Employee Name</u>	<u>Social Security Number</u>	<u>Employee ID</u>	<u>Marital Status*</u>	<u>Reason for Change(s)</u> <small>(Check all that apply)</small>
_____	_____	_____	Single Married	Marriage 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](mailto: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