ROMA INDEPENDENT SCHOOL DISTRICT
EMPLOYEE DATA CHANGE FORM

Please print and complete ALL the information below.

Employee Name: _____

Local ID: _____ Pay Frequency: ❑ Semi-Monthly ❑ Monthly

Demographic Changes

Name: _____
(Please attach a copy of your Social Security Card.)

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ ❑ Home ❑ Cell

Payroll Deduction Changes ***(For annuity changes please contact your agent)***			
Deduction Name	*Amount*	*Change/Delete*	*Change Amount to:*

W-4 Changes
You must fill out another W-4 to make changes.

Employee's Signature: _____

Date: _____