

**PUBLIC SCHOOL DISTRICT OF RESIDENT EMPLOYEE
WITHHOLDING CERTIFICATE**

We are required by Ohio Law (Ohio Revised Code Section 547.06 (E)) to ask all employees 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 the completed document to the secretary in the Business Office.

Name _____ Social Security Number _____

Home Address _____
(Street name and number) (city) (state) (zip)

Public School District of Residence _____

Public School District Number (if known) _____

County of Residence _____

Signature of Employee Date