

COUNTY OF SCHUYLKILL
PAYROLL INFORMATION FORM

EMPLOYEE NAME: _____

ADDRESS: _____

HOME TELEPHONE #: _____

CELL PHONE #: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

1. LOCAL SERVICE TAX (LST)

Submit Proof of Payment
Submit Exemption Form

YES
 YES

NO
 NO

2. SCHOOL DISTRICT: _____

3. MUNICIPALITY/TOWNSHIP: _____

4. OCCUPATIONAL MUNICIPALITY: _____

5. OPTIONAL PENSION RATE: _____

6. MARITAL STATUS: _____

7. HEALTH INSURANCE COVERAGE: _____

Number of Dependents: _____

Effective Date: _____

8. IN LIEU OF / DIFFERENTIAL: _____

9. EMPLOYEE NUMBER: _____

(to be filled in by County)

10. PHOTO ID NUMBER: _____

(to be filled in by County)