

Please provide the requested information below and  
return this form to the Treasurer's office

Mount Gilead Exempted Village School District  
145 North Cherry Street  
Mount Gilead, Ohio 43338

PUBLIC SCHOOL DISTRICT OF RESIDENCE  
EMPLOYEE WITHHOLDING CERTIFICATE

We are required by Ohio Law (R.C. 5747.06 E) to ask all employees for their public school district  
of residence.

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

PUBLIC SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

PUBLIC SCHOOL DISTRICT # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

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A new EMIS (Education Management Information System) requirement for the reporting of employees  
has been implemented. We need to know the highest level of education you have achieved. Please  
check one of the choices:

- \_\_\_\_\_ Less than High School Diploma
- \_\_\_\_\_ GED Diploma
- \_\_\_\_\_ High School Diploma
- \_\_\_\_\_ Associate
- \_\_\_\_\_ Bachelors
- \_\_\_\_\_ Masters
- \_\_\_\_\_ Education Specialist
- \_\_\_\_\_ Doctorate
- \_\_\_\_\_ Other