



Shelby City Schools Payroll Information or Change of Address

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

I am aware that Shelby City Income Tax will be withheld from my pay and Paid to the City of Shelby. Income tax due to any other municipality will not be withheld or paid through the payroll department

School District of Residence: _____

Signature: _____ Date: _____

To be completed by Payroll	
Hire Date:	_____
Start Date:	_____
Employee ID:	_____