



REQUEST FOR STRS OHIO EMPLOYER NUMBER For Use by Community Schools

Community school name _____

Mailing address _____
Street

City State ZIP code County

Phone (_____) _____ IRN number _____
Area code

Sponsor information

Sponsor name _____

Mailing address _____
Street

City State ZIP code County

Phone (_____) _____
Area code

Main contact person for STRS Ohio reporting

Contact person name _____

Title _____

Mailing address (if different from school address) _____
Street

City State ZIP code County

Phone (_____) _____ Fax (_____) _____
Area code Area code

Email address _____

1. Will you be implementing a pickup plan? Yes No

If yes, please submit a copy of the board resolution authorizing the plan and a completed *Notification for Employer Pickup of Employee Contributions* form.

2. What payroll and reporting system will you be using?

Computer consortium Custom programming ADP Other _____

If you will be using a computer consortium (ITC), which one? _____

3. Which method will you use to submit payroll reports?

Secure file upload Employer Self Service (ESS)

(continued)



Please provide the following information:

Treasurer/Business Manager _____

Phone (_____) _____
Area code

Mailing address (*if different from school address*) _____
Street

_____ City State ZIP code County

Email address _____

Payroll Administrator _____

Phone (_____) _____
Area code

Mailing address (*if different from school address*) _____
Street

_____ City State ZIP code County

Email address _____

Superintendent/Director _____

Phone (_____) _____
Area code

Mailing address (*if different from school address*) _____
Street

_____ City State ZIP code County

Email address _____

Please list any other key personnel STRS Ohio will be working with:

Name _____

Title _____

Phone (_____) _____
Area code

Mailing address (*if different from school address*) _____
Street

_____ City State ZIP code County

Email address _____