LEON COUNTY SCHOOLS

Eligible Dependents

Employee Name: _____

Employee PID #: _____

Please list your eligible dependents below. They must be ones that are eligible to be claimed on your income tax return. If you have changes during the year, please complete a new form and send it in to us. You cannot claim dependent care or medical expenses for anyone other than the people listed below.

PLEASE PRINT

Dependent Name	Date of Birth	Social Security No.	Relationship to Employee

_____ _____

Employee Signature Date