

Employee Information Sheet

PLEASE PROVIDE ALL REQUESTED INFORMATION. PRINT LEGIBLY or TYPE and LEAVE NO BLANKS.

EMPLOYEE INFORMATION	School/District Name _____ Social Security Number _____ - -	
	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Initial Last </div>	
	Physical Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Name City State Zip code </div>	
	Date of Birth _____	Gender (circle one) Female Male
	Ethnicity (circle one) 1. American Indian or Alaskan Native 4. Hispanic 2. Asian or Pacific Islander 5. Caucasian/White 3. African American/Black	
	Are you a U.S. citizen? (circle one) Yes No	
	Highest Degree Held (circle one) 0 No Degree 1 Bachelor's 2 Master's 3 Doctorate	
	To be completed by professional staff only (teachers, administrators, and certified personnel): 1. Total number of completed years employed in a professional staff position at current school or district _____ 2. Total number of completed years employed in any professional position in a public school including current school/district and other Texas schools _____	
Teacher Retirement Classification (check one) <input type="checkbox"/> Professional/Administrative (Dean, President, Superintendent, Principal, Attorney, Director, Administrator, etc.) <input type="checkbox"/> Teacher/Full time Librarian <input type="checkbox"/> Support Staff (Aide, Clerk, Security, Maintenance, Groundskeeper, Cook, Secretary, Computer Operator, etc.) <input type="checkbox"/> Bus Driver <input type="checkbox"/> Full time Nurse/Counselor <input type="checkbox"/> Retired If you are retired, did you retire before 1/1/2001? (circle one) Yes No		

OFFICE USE ONLY	Position/Assignment _____	Assignment Start Date _____ / ____ / ____
	Campus Assignment _____	Assignment End Date _____ / ____ / ____
	(If the school has more than one campus location)	Number of workdays in assignment _____
	Percentage of day employed _____ (Refers to the percentage of standard district workday for which the employee is hired to work. For an employee on contract, the % may be determined from their contract. Those employees such as cafeteria workers and bus drivers who work only a few hours each day are not to be reported as "100%". If the standard workday is 7 hours and the employee is hired to work for 4 hours a day, the percentage of day employed would be .571 because 4/7 =.571).	
Salary (check one) <input type="checkbox"/> Yearly \$ _____ . _____ <input type="checkbox"/> Hourly \$ _____ . _____ <input type="checkbox"/> Daily \$ _____ . _____		Distribution Code % ON EACH FUND <input type="checkbox"/> General Fund <input type="checkbox"/> Grants <input type="checkbox"/> Regular <input type="checkbox"/> Title <input type="checkbox"/> Special Ed. <input type="checkbox"/> IDEA B <input type="checkbox"/> Comp Ed. <input type="checkbox"/> Start Up <input type="checkbox"/> Bilingual <input type="checkbox"/> Other _____

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Employee Deduction Information Form

School/District Name _____

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ATTACH SUPPORTING DOCUMENTATION FOR EACH DEDUCTION .

EMPLOYEE DEDUCTION INFORMATION	Employee Name _____				
	First	Middle Initial	Last		
	Campus Name _____ (If school has more than one campus)				
	Health Deductions (circle one):				
	If applicable, select one: TRS Activecare 1 2 3				
Employee Only	W/Child	W/Spouse	W/Family	No/Coverage	
Employee Pay Portion Per Pay Period	\$ _____		Employer Pay Portion Per Pay Period	\$ _____	
Dental Deductions (circle one):					
Employee Only	W/Child	W/Spouse	W/Family	No/Coverage	
Employee Pay Portion Per Pay Period	\$ _____		Employer Pay Portion Per Pay Period	\$ _____	
Vision Deductions (circle one):					
Employee Only	W/Child	W/Spouse	W/Family	No/Coverage	
Employee Pay Portion Per Pay Period	\$ _____		Employer Pay Portion Per Pay Period	\$ _____	
Child Support (amount)	\$ _____				
Student Loan (amount)	\$ _____				
403 B (amount)	\$ _____				
Other (amount)	\$ _____	Type of deduction	_____		
Other (amount)	\$ _____	Type of deduction	_____		
Other (amount)	\$ _____	Type of deduction	_____		

Employee signature _____ Date _____

Employer signature _____ Date _____