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 _____

First   Middle Initial   Last

Physical Address _____

Street Name   City   State   Zip code

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)

_____ Professional/Administrative (Dean, President, Superintendent, Principal, Attorney, Director, Administrator, etc.)

_____ Teacher/Full time Librarian

_____ Support Staff (Aide, Clerk, Security, Maintenance, Groundskeeper, Cook, Secretary, Computer Operator, etc.)

_____ Bus Driver

_____ Full time Nurse/Counselor

_____ 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)

_____ Yearly $ _____ . _____
_____ Hourly $ _____ . _____
_____ Daily $ _____ . _____

Distribution Code	% ON EACH FUND
General Fund	Grants
_____ Regular	_____ Title
_____ Special Ed.	_____ IDEA B
_____ Comp Ed.	_____ Start Up
_____ Bilingual	
_____ Other _____	

Employee Signature _____   Date _____

Employer Signature _____   Date _____

Employee Deduction Information Form

School/District Name_____

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ATTACH SUPPORTING DOCUMENTATION FOR EACH DEDUCTION .

<table>
<tr>
<td rowspan="5">EMPLOYEE DEDUCTION INFORMATION</td>
<td colspan="2">Employee Name _____
First   Middle Initial   Last</td>
</tr>
<tr>
<td colspan="2">Campus Name _____
(If school has more than one campus)</td>
</tr>
<tr>
<td colspan="2">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   Employer Pay Portion
    Per Pay Period $_____   Per Pay Period $_____</td>
</tr>
<tr>
<td colspan="2">Dental Deductions (circle one):

    Employee Only   W/Child   W/Spouse   W/Family   No/Coverage

    Employee Pay Portion   Employer Pay Portion
    Per Pay Period $_____   Per Pay Period $_____</td>
</tr>
<tr>
<td colspan="2">Vision Deductions (circle one):

    Employee Only   W/Child   W/Spouse   W/Family   No/Coverage

    Employee Pay Portion   Employer Pay Portion
    Per Pay Period $_____   Per Pay Period $_____</td>
</tr>
</table>

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 _____