



NEW EMPLOYEE INFORMATION SHEET
School of Excellence in Education

Employee Name: Social Security No.
(As appears on SS) Last First Middle Name

Address: City: State: Zip:

County: Phone Number:

Birth Date: Drivers' License #: State Issued:

Work Email: Home Email:

Emergency Contact: Relationship: Phone:

Ethnic Origin/Gender (Check all that apply) Are you a TRS Member: Yes No

- American Indian or Alaskan Asian Black or African American Male Disabled Veteran
Hispanic/Latino Native Hawaiian or Pacific Islander Female VEVRAA
White (not of Hispanic origin) Two or More Races

(Any race relating to race/ethnic origin, sex and job category is collected in order to demonstrate compliance with federal and state agency regulations. The information is in no way used in the evaluation of the employee.)

SIGNATURE:

Payroll Information (for employer use only)

Hire Date: Job Title:

Form with columns for employment type (Full time, Part-time, etc.), pay rates (Hourly, Salary, Day Rate, etc.), and TRS REPORTS (TRS Date, Begin, End, etc.).

Is this employee exempt from overtime? Yes No Years of Service

Campus Location:

Account Code # 1

Account Code # 2

Account Code # 3

Account Code # 4

Approved By: Date:

Human Resources Director