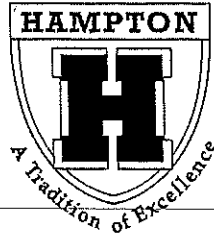


Hampton Township School District



PAYROLL INFORMATION

DATE _____

NAME: _____
(FIRST) (MIDDLE INITIAL) (LAST)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE +4 DIGIT EXT)

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

PHONE NUMBER _____ **EMAIL ADDRESS** _____

ARE YOU ENTERING PUBLIC SCHOOL EMPLOYMENT FOR THE FIRST TIME?

(Y) _____ (N) _____

IF NO, PRIOR TO JULY 1, 2019, DID YOU EVER WORK IN ANY CAPACITY (INCLUDING SUBSTITUTE) FOR A PENNSYLVANIA SCHOOL DISTRICT?

(Y) _____ (N) _____

ARE YOU PRESENTLY AN ACTIVE OR RETIRED MEMBER OF THE PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM?

ACTIVE (Y) _____ (N) _____ RETIRED (Y) _____ (N) _____

CURRENT PSERS CLASSIFICATION: _____

NEW TEACHERS ONLY- PLEASE PROVIDE YOUR PROFESSIONAL PERSONNEL ID NUMBER (PPID#) _____.

SIGNATURE _____

DATE: _____