



KASD EMPLOYEE INFORMATION FORM



PERSONAL DATA (as shown on last issued Social Security card)

** This section must be filled out completely by the person being hired. All information will remain confidential.*

First Name	M.I.	Last Name	Suffix	PPID # (Professional Staff/Teacher Certified)
Social Security Number		Date of Birth		
Street Address		Phone Number:		
		Cell Phone Number:		
City, State, Zip		Email Address (necessary in order to send Safe Schools info)		
Emergency Contact Name		Emergency Contact's Relationship to Employee		
Emergency Contact Address		Emergency Contact Phone Info		
		Phone Number:		
		Cell Phone Number:		
Employee's Signature		Today's Date		

*** SECTIONS BELOW TO BE COMPLETED BY THE EMPLOYER ***

Employee Job Title/Position	Dept/Bldg/Grade
CSIU ID #	Employee's Supervisor
Board Approval Date:	☐ Hire ☐ Re-hire ☐ Change in Status Former Position:
Employee Start Date:	
☐ Full-time Employee ☐ Part-time Employee ☐ Coach/Volunteer Coach/Extra-curricular position	☐ LTS from: to ☐ Support Staff Substitute ☐ Summer/Seasonal Help

EMPLOYEE STATUS / PAY CODE

☐ Hourly employee non-exempt from overtime under the Fair Labor Standards Act (FLSA)	
☐ Salaried employee non-exempt from overtime under the Fair Labor Standards Act (FLSA)	
☐ Salaried employee exempt from overtime under the Fair Labor Standards Act (FLSA)	
EMPLOYEE PAYMENT INFO	Rate: \$ Per: ☐ Hour ☐ Year ☐ Stipend

HR Use ONLY:	☐ Payroll	☐ Acct. Services	☐ Data Processing	☐ I.T. Dept.	☐ Food Services
Sent via:		Sent by:		Date sent:	