

*"Home of the TIGERS"*

*Please type or print clearly*

<b>A. EMPLOYEE INFORMATION (To Be Completed by Employee)</b>					
Employee's Name (as listed on S.S. Card)		Last	First	Middle	
Preferred Name (Nickname)		Birth/Maiden Name		Date of Birth (MM/DD/YY)	
Residence Address (PO Box and Street)		Apt No.	City	State	Zip Code
Phone Number (      )		Emergency Contact: Name & Phone Number		Social Security #	
Have you been employed previously by the Macon School District?		<input type="radio"/> Yes <input type="radio"/> No		If Yes, Indicate Dates: _____	
Do You have a Missouri Teacher/Non-Teacher Retirement Number?		<input type="radio"/> Yes <input type="radio"/> No			
Are you a retiree of Missouri PSRS/PEERS?		<input type="radio"/> Yes <input type="radio"/> No		If Yes, Indicate Year: _____	
Please Indicate: GENDER: Male or Female      ETHNIC ORIGIN: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Asian <input type="checkbox"/> Other					

<b>B. EMPLOYMENT INFORMATION (To Be Completed by Building Administrator)</b>						
Employee Type: <input type="radio"/> Certified <input type="radio"/> Non-Certified <input type="radio"/> Long Term Sub <input type="radio"/> Temporary				Work Status: <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Retired/Critical Shortage		
Job Assignment		Building	Department	Pay Schedule	<input type="radio"/> New Position <input type="radio"/> Replaces: _____	
Pay Rate	Hours/Day	Months/Year /12	Column	Step	Contract Length (Days Employed)	Job Start Date
FT	Primary Work Record <input type="radio"/>		Years with R-1	MO Years	Total Years	Tenure Year
PT	Keep Job Next Year <input type="radio"/>					

Highest Degree Earned:	Probationary <input type="radio"/>	Tenured <input type="radio"/>
Summer Employment Assignment:	Salary/Rate	Start Date
Extra Duty Assignment:	Salary/Rate	Start Date
Extra Duty Assignment:	Salary/Rate	Start Date

<b>C. PAYROLL INFORMATION (To Be Completed by Payroll Administrator)</b>					
Account Code: Fund	Function	Object	Location	Program	Payroll Group/Position Code
Salary Type: <input type="radio"/> Yearly <input type="radio"/> Monthly <input type="radio"/> Daily <input type="radio"/> Hourly <input type="radio"/> Per Route				Pay Months:	Pay Period Year: <input type="radio"/> Full Year <input type="radio"/> Partial Year
Pay Frequency: <input type="radio"/> Monthly <input type="radio"/> Other _____		No. of Checks:	Mode of Payment: <input type="radio"/> Direct Deposit <input type="radio"/> Building <input type="radio"/> Home		

<b>D. BENEFIT INFORMATION (OFFICE USE ONLY)</b>			
Retirement %: <input type="checkbox"/> 6.86% <input type="checkbox"/> 14.5%	Medicare Coverage: <input type="checkbox"/> Soc. Sec <input type="checkbox"/> Med. Coverage <input type="checkbox"/> Exempt	Months of Service for Retirement <input type="radio"/> Full Year <input type="radio"/> Partial Year	
Board Paid Benefits: <input type="checkbox"/> Life <input type="checkbox"/> Medical <input type="checkbox"/> Dental		Employee Paid: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Add'l Life	
Insurance Coverage Begins:		Months to Serve _____ Months Served _____	
Tax Group _____		Benefit Group _____ Leave Group _____	