

Oakes Public School

804 Main Ave. Oakes, ND 58474 Phone: (701) 742-3234 Fax: (701) 742-2812 www.oakes.k12.nd.us

EMPLOYEE INFORMATION

Name:				
Address:				
Date of Birth:		Place of Birth:		
Social Security Number:				
**Direct Deposit is required for Payroll Process	ing, please n	nake sure attached form	is completed & s	submitted **
Emergency Contact				
Name:				
Relationship:				
Address:		Phone:		
	***************************************	Email:		
**************************************	*****	**************************************		
Position		Pay Group I	D	lar:
Primary Pay Code F	Rate			
Teaching License:		Expiration:		
Driver Physical Expiration:	~~~	WSI:		
EE Type: St	teps	Credits		
Leave Vacationhrs Sick	hrs	Personalhrs	Other	hrs