EMPLOYEE INFORMATION SHEET
Contract Development and Information Distribution

Wherever multiple choices are provided, please circle the selection.

Circle one: **New employee** **Position Change**

GENERAL INFORMATION (BIOGRAPHICAL)

SSN _____ Employee ID _____ Credential or Z ID# _____

First Name _____Middle Name _____ Last Name _____

SSN Legal Name First _____ Middle _____ Last_____ Suffix_____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____ Gender: **M** **F**

Semester Hours: _____ (Degree type) Educational Level: _____ Certificate: _____

ECE Qualifications: _____ Other Credentials: _____ Report to EMIS _____

Total Years Experience: _____ Authorized Years: _____ District Years Experience _____

Race:
A-Asian
H – Hispanic
W – White, Non-Hispanic
B – Black, Non Hispanic
I – American Indian/Alaskan Native
M – Multiracial
N – Not Specified
P – Native Hawaiian or Other Pacific Islander

Marital Status:
1 – Single
2 – Married
0 – Unstated

Birth Date: _____

Board Hire Date: _____

Master Teacher: **BC** – National Board Certified **FA** – Full Application Process **NO**- Not a MT **MT Designation YR** _____

Please Note: If employee holds more than one position, please fill out the remainder of this form for each job. If employee changes positions into a different EMIS position or assignment area please create a new job record for that position.

SAMPLE

CONTRACT DEVELOPMENT (JOB SPECIFIC INFORMATION)

Position Title _____ Position Type: **R**egular **S**upplemental **T**emporary

Type of Appointment: **1-**Certified (STRS) or **2**-Classified (SERS) EMIS Appointment Type: _____

Report Job to EMIS: **Y** **N** Grade level assigned (L/H) _____ /_____ Position Start Date _____

Contract Term: Beginning Date _____ Ending Date _____ Years 1 2 3 4 5 Cont

Building IRN:_____ Building/Department :_____/_____ Assignment Area:_____

Work Days in Contract _____ Salary Schedule _____ Step _____ Degree _____

Annual salary _____ Per Diem (daily rate) _____ Hourly Rate _____ Other _____

Sick: **Y** **N** Max _____ Vacation: **Y** **N** Max _____ Personal: **Y** **N** Max _____

_____ _____

Hiring Authority signature/date Employee signature/date

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PAYROLL – OFFICE USE ONLY

Building/Department :_____/_____ Calendar start date _____ Calendar stop date _____

First date paid:_____

Retirement Code: STRS **450** Pay Group _____ Calendar Type _____
SERS **400**
FICA **(blank)** Work Days _____ Extended Service Days _____

Pay account _____ Maximum or % 100% Amount _____ BRDDIS Y or N

Pay account _____ Maximum or % _____ Amount _____ BRDDIS Y or N

Pay account _____ Maximum or % _____ Amount _____ BRDDIS Y or N

Equal Pays: **Y** or **N** Job Status **0** – Inactive **8** - Deceased Timesheets: **Y** **N**
1 – Active **9** - Terminated

Date Reviewed By Payroll _____ Payroll Initials _____

EMIS DETAILS

If EMIS reporting information is different than contract information provide EMIS contract amount, work days and hours per day

EMIS Contract Amt _____ EMIS Hours Per Day _____ EMIS Work Days _____ EMIS FTE _____

Extended Service _____ (ESC reportable Only) Certificate: _____

Position Code _____ EMIS Appt: **1**-Certified **3**-Internship **5-**Veteran per ORC 3319.283
2-Classified **4-**Six hour lay teacher

Position Type: **R** – Regular **S** – Supplemental **T** – Temporary

Position Status: **C** - Continuing/Active **A –** Agency Contracted **I** – Individual Contracted **P –** Leave of Absence **U** - No Longer Employed

HQPD: : _____ Qualified Paraprofessional_____ Special Education FTE: _____

Assignment Area _____ Funding Source _____ Percentage _____
Funding Source _____ Percentage _____
Funding Source _____ Percentage _____

Funding choices: A – State Auxiliary Funds B – Other State Funds F – Federal Title VI-B G – Title H – Head Start Program
I- State DPIA Funds J-Federal ELI L – Local Funds N – TANF O – Other Federal P – Federal Preschool S-State ECE
T – Private/Tuition U – State Unit Funding X-Reading First Z – Preschool Unit F

Position Separation Reason _____ Position Separation Date: _____

Date Reviewed By EMIS _____ EMIS Initials _____

SAMPLE