

EMPLOYEE INFORMATION SHEET
Contract Development and Information Distribution

1

DATE _____ INITIAL _____ REVISION _____

GENERAL INFORMATION

First Name _____	Middle Name _____	
Last Name _____	Address _____	
City _____ State ____ Zip _____	SS# _____	
Home Phone _____	Date of Birth _____	Sex: Male Female
Race: A-Asian/Pacific Islander H – Hispanic W – White, Non-Hispanic	B – Black, Non-Hispanic I – American Indian/Alaskan Native	Marital Status: 1 - Single 2 - Married 0 - Unstated
Position Start Date _____	Board Hire Date _____	

PLACEMENT ON SALARY SCHEDULE

Report to EMIS: Yes No	Degree: 0 – Non degree 1 – Associate 2 – Bachelor 3 – Master	4 – Educ Specialist 5 - Doctorate 6 - Other 7 – Less than H.S. diploma
Salary Schedule _____		
Semester Hours _____		
Years of Experience in Ohio <u>Public</u> Schools _____		
Years of Experience in Ohio <u>Private</u> Schools _____	Authorized Years for Step Assignment _____	

EMIS DETAILS (to be completed by Staff EMIS department)

Position Status: C – Active/Continuing (even if different position) N – New to district R – Returning from Leave		
Position Code _____	EMIS Appt: 1-Certified 3-Internship	2-Classified 4-Six hour lay teacher 5-Veteran per ORC 3319.283
Position Type: R -- Regular S – Supplemental/Extended Days T – Temporary	FTE _____ (full-time equivalent)	
Assignment Area _____	Funding Source _____	Percentage _____
Assignment Area _____	Funding Source _____	Percentage _____
Assignment Area _____	Funding Source _____	Percentage _____
	Funding choices:	L -- Local A – State Auxiliary Funds B – Other State Funds F – Federal Title VI-B Funds O – Other Federal Funds U – State Unit Funding Z – Preschool State Unit Funding
Note: <i>May need to complete more than one assignment area, percentage, and funding source for split employees.</i>		

Routing of this form:
Rev. 1/2003

Deputy Superintendent
Treasurer

Human Resources
Payroll

EMPLOYEE INFORMATION SHEET
Contract Development and Information Distribution

CONTRACT DEVELOPMENT

Position/Title _____		Type of Appointment: 1-Certified 2-Classified	
Contract: Limited _____	Continuing _____	Salary Sched _____	Step _____ Degree _____
Contract type: 3319.08 Teacher		Contract stated at: Annual Salary _____	
3319.10 Substitute Teacher		Daily Rate _____	
3319.01 Superintendent		Hourly Rate _____	
3319.02 Other Administrator		Other _____	
3319.081 Classified			
3319.22 Treasurer			
_____ Other			
Contract Term: Beginning Date _____	Ending Date _____	Years	1 2 3 4 5 Cont
Compensation payment terms: Equal Pays (24 or _____)		Submits timesheets	
# Of Extended Days _____			
Group insurances, leaves, and holiday benefits per board policy except as stated below:			

PAYROLL office use only

Building/Department ____/____		Start pay _____	Last pay _____
Job Status: 0 – Inactive (not equal pays)	Retirement Code: STRS 450		SERS 400
1 – Active (equal pays)	FICA (blank)		
Pay plan: S – Semimonthly (2 pays per month)	Pay Group _____		
Other _____	Calendar Type _____		
Calendar Start Date _____		Calendar Stop Date _____	
Sick Leave: Yes No	Vacation: Yes No	Personal: Yes No	
# of days transferred _____	# of days _____	# of days _____	
Number of Pays: 24 pays	Other _____		
Pay account _____	Maximum or % _____	Amount _____	
Pay account _____	Maximum or % _____	Amount _____	
Pay account _____	Maximum or % _____	Amount _____	

Deputy Superintendent signature & date

Human Resource Specialist signature & date

Treasurer signature & date

Date received by payroll

Routing of this form:
Rev. 1/2003

Deputy Superintendent
Treasurer

Human Resources
Payroll