

Payroll Signup Form

Employee Information

**Name as shown on your social security card:*

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

*Social Security Number: _____ - _____ - _____ *Birth Date: ____/____/____ * Male Female

*Race & Ethnicity: _____

*Hire Date: ____/____/____ *Position: _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____

Emergency Contacts *Optional*

Please list in order you would like called in case of an emergency.

Name _____ Relationship to employee _____

Address _____ City _____ State _____ Zip Code _____

Work Phone (____) _____ Ext _____

Home Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to employee _____

Address _____ City _____ State _____ Zip Code _____

Work Phone (____) _____ Ext _____

Home Phone (____) _____ Cell Phone (____) _____

Employee Signature:

Optional

(District Office use only)

*Is this a **NEW HIRE** or a **REHIRE**?

*Is this employee replacing anyone? **YES** or **NO** Employee Name they're replacing: _____

*Does there need to be a deduction on the first paycheck for background check fee? **YES** or **NO** Amount: \$ _____

UFARS Code _____ *Wage or Salary \$ _____

*Hours per Day: _____ *Days per Year: _____

Number of cks/year : _____ (payoff or lump sum?)

*Position Title _____

*File Folder # _____ Union/Barg Unit _____

*Retirement (PERA, TRA, NONE) _____

*Benefits Employee is Eligible for: _____

Was offer of insurance made? **YES** or **NO** Waive Coverage Offer? **YES** or **NO**

TSA 403(b) Match: \$ _____

Leave Types Employee is Eligible for: _____