



ADD/CHANGE EMPLOYEE DATA

FORM USE (CHECK ONE)		COMPLETE SECTIONS	
<input type="checkbox"/> ADD	<input type="checkbox"/> EMPLOYEE	1, 2, 3, & 4	
<input type="checkbox"/> CHANGE ONLY COMPLETE ITEMS THAT HAVE TO BE CHANGED	<input type="checkbox"/> SCHOOLS WITHIN 100 MILES	1, 2	
	<input type="checkbox"/> EMPLOYEE NAME	1, 2	
	<input type="checkbox"/> PERSONNEL	1, 2 & 3	
	<input type="checkbox"/> EARNINGS	1, 2 & 4	

EFFECTIVE DATE		
YY	MM	DD

1. EMPLOYER IDENTIFICATION

DISTRICT NO.

 DISTRICT NAME _____

PERCENTAGE OF ALLOCATED UNIT	/ HOURS PER DAY
---------------------------------	--------------------

_____ %


SCHOOL NO.

--	--	--

 SCHOOL NAME _____

2. EMPLOYER IDENTIFICATION



MAIDEN NAME (IF APPLICABLE)

DIRECT DEPOSIT ☐ **YES** ☐ **NO – ATTACH COMPLETED DIRECT DEPOSIT FORM**

3. PERSONNEL

JOB DESCRIPTION (check one)

EMPLOYEE CLASSIFICATION (CHECK ONE)		
<input type="checkbox"/>	01	REGULAR
<input type="checkbox"/>	02	SUBSTITUTE
<input type="checkbox"/>	03	REPLACEMENT
<input type="checkbox"/>	04	TEMP ASSIGNMENT
<input type="checkbox"/>	05	REGULAR S/A
<input type="checkbox"/>	06	REPLACEMENT S/A

	21	SUPERINTENDENT		30	CLASS ROOM		58	CO-OPERATIVE EDUC.
	22	ASST. SUPT.		50	SMH		59	DISTANCE EDUCATION
	23	PROG. CO-ORD.		51	SPD		60	FRENCH FED FUND
	24	GUID. COUNSELLOR		52	EDUC. PSYC.		97	STUD. ASSIT.
	25	SPECIALIST		53	SPEECH PATH.		98	MISC OTHER SPECIFY
	26	PRINCIPAL		54	ITINER. - HEAR. IMP.		99	MISC SPECIFY
	27	VICE-PRINCIPAL		55	ITINER. - VISU. IMP.			
	28	DEPT. HEAD		56	NATIVE			
	29	SPECIAL EDUCATION		57	ENG. SECOND LANG.			

DATE OF BIRTH		
YY	MM	DD

SEX	
	MALE
	FEMALE

MARITAL STATUS (CHECK ONE)	
<input type="checkbox"/>	SINGLE
<input type="checkbox"/>	SINGLE WITH DEPENDENTS
<input type="checkbox"/>	MARRIED

MARRIAGE DATE		
YY	MM	DD

RELIGIOUS ORDER TEACHER	
	YES
	NO

CHECK PERMIT AREA OF TEACHING

01	ART	04	MUSIC	06	INDUSTRIAL ARTS	08	RELIGIOUS EDUCATION
02	HOME ECONOMICS	05	PHYSICAL EDUCATION	07	CLINICAL PSYCHOLOGY	09	OTHER
03	LIBRARY SCIENCE						

IF EMPLOYEE CLASSIFICATION IS 02 or 03 ENTER THE SOCIAL INSURANCE NUMBER AND NAME OF EMPLOYEE ON LEAVE

S.I.N. _____ SURNAME _____ GIVEN NAME _____

4. EARNINGS

NORTHERN ALLOWANCE (IF APPLICABLE)	
	SINGLE RATE
	SINGLE WITH DEPENDENTS RATE
	MARRIED RATE

EXEMPTION CODE	
FED	
PROV	

EXEMPTION AMOUNT	
FED	
PROV	

PERCENTAGE OF SALARY				%
----------------------	--	--	--	---

HOURS PER DAY

IF TD1 NOT ATTACHED THE SINGLE RATE WILL BE ASSUMED

DATE _____ DISTRICT AUTHORIZING SIGNATURE _____

YY / MM / DD

DEPARTMENT OF EDUCATION COPY