

Employee Information (to be completed by EMPLOYEE)

Full Name: (As it appears on SS Card) Last First Middle Name / Initial

I-9 Form, Employment Eligibility Verification with acceptable documents must come with this form

Mailing Address: Street Address / PO Box Apartment/Unit #

City State ZIP Code County

CELL Phone #: HOME Phone #:

Primary Email: Alternate Email:

Employment Status Information (to be completed by SUPERVISOR)

Nature of Action: [] New Hire (Include Job Description) [] Other Action (specify):

Part-Time: 19.0 hours or less/wk. [] Temporary [] Semester(s) Only [] On-going

Effective Date of Employment: (Ex: xx/xx/xxxx)

Department:

WTE Supervisor ID#

Position:

Alt. Supervisor ID#

Rate of Pay: \$ / HOUR

Account #1: (Ex: 00-000000-0000-00)

Non-Standard Work Week? [] YES [] NO Non-Standard: Less than 5 days a week

Account #2: (Ex: 00-000000-0000-00)

Work Location Ex: 01-Uvalde; 10-UHS; 23- Briscoe Unit

Work Location:

OBJECT CODES: 7106 (Part-time) 7061 (Workforce) 7030 (Adjunct Faculty-attached to a class)

Employee and position information provided on this form will be reported to the Teacher Retirement System of Texas. Any employees hired to work more than 20.0 hours per week will have to go through the departments VP to get approval. These employees are also subject to TRS and insurance benefits.

Other Payroll Information:

Employment Approvals

Supervisor / Dean

Vice-President

President

HR / Payroll Office Use Only

Employee ID# POSD-ID

STSC/STAT TRS TxNH/AGOT SSNS

- [] NAE [] RPRH [] NFAC [] CPPI [] POSD [] POSS [] WAGS [] BNDS [] ETAX [] EDDP [] EPOV [] OFFI [] ADAP [] SPAP

Employee Name: _____

Social Security #: _____

Date of Birth: _____

TEACHER RETIREMENT INFORMATION REQUEST FORM

1. Are you retired from the Teacher Retirement System of Texas (TRS)? _____

If yes, please provide retirement date: _____

2. Are you currently working for another school district/college/university (Institutions that pays into TRS)? _____

If yes, please provide name of institution(s)*, date and position(s): ****Circle One:**

a. _____ Date:_____ Position:_____ P/T F/T

b. _____ Date:_____ Position:_____ P/T F/T

c. _____ Date:_____ Position:_____ P/T F/T

(Position Ex: teacher, substitute, bus driver, etc.)

3. If you are not a current member, have you worked at another school district/college/university in the past? _____

If so, please provide name of institution(s)* and date(s):

a. _____ Dates:_____

b. _____ Dates:_____

c. _____ Dates:_____

*Institution: Public School District, College, University or entity that has teacher retirement for employees.

****P/T – Part Time Employment:**

-Hourly Employee – works half the number of hours a full-time employee works in a month.

-Number of Days – works half the number of days a full-time employee works in a month. (Ex: Substitute)

****F/T – Full Time Employment**

-works more than 15.0 hours per week in a position FTE of 30.0 hours

-works more than 20.0 hours per week in a position FTE of 40.0 hours