

Payroll will not be processed unless items are initialed & dated

CROTON-HARMON UFSD
EMPLOYEE PAYROLL DATA SHEET

Full Legal Name _____ Social Security No. _____

Date of Birth _____ Circle One: Male Female

Mailing Address _____

_____ Zip _____

Telephone No.: _____

PLEASE INITIAL AND DATE TO VERIFY YOU HAVE RECEIVED INFORMATION REGARDING THE 403(b) PLAN (INITIAL _____) (DATE _____)

ARE YOU CURRENTLY A MEMBER OF THE TEACHERS' RETIREMENT SYSTEM OR THE EMPLOYEES' RETIREMENT SYSTEM? Yes, Member # _____ Tier # _____

No. Would you like to apply to join? Yes No (circle one) and Initial _____ Date _____

***ARE YOU NOW A MEMBER OR FORMER MEMBER OF ANOTHER NEW YORK STATE (NYS) OR NEW YORK CITY (NYC) PUBLIC RETIREMENT SYSTEM? Yes ___ No ___ Name of Retirement System _____

***Please indicate if you would like to be paid on a 21-pay or a 26-pay schedule? Circle One.

Employee Signature _____ Date _____

For office use only

Date of Hire: _____ Board Appointment Date: _____

Position Title: _____ School/Department: _____

Salary Range: _____ Step _____ Contract Annual Salary _____

Fiscal Salary: _____ Hourly Rate _____

Budget Code: _____

CHECKLIST:

Completed W-4 Received _____

Completed I-9 Received _____

IF ELIGIBLE:

Health Paperwork Received _____ Single or Family _____