

District #351

New Hire Form

(Please fill out top portion of form)

1	Social Security #	:	
2	Last Name	:	
3	First Name	:	
4	Middle Initial	:	
5	Street	:	
6	City	:	
7	State Code	:	
8	Zip Code	:	
9	Area Code	:	
10	Phone Number	:	
11	Birthdate	:	/ /
13	Gender	:	
17	Marital Status	:	
OFFICE USE ONLY BELOW THIS LINE			
12	Hire Date	:	
26	Pension Code **	:	
42	Federal Exemptions	:	
43	State Code	:	14 = IL
44	State Exemptions	:	

Pay Cycle

Location

** Teacher=1

Fica =2

IMRF=3

No Pension =4

Teacher/Medicare=5

Sub/Medicare=6

CONTRACT HOURS

CONTRACT RENEWAL MONTH

JULY

UNION CODE

OCTOBER

SEPTEMBER

SUPERVISOR