

Employee Information

FIRST NA	ME	_	M.I.		l	AST NAME
STREET ADDRESS			SS	_	APT NO	<u>-</u> ·
C	CITY, STA	TE, ZI	P			PHONE
Direct Deposit: \	or N					
				E-mail ac	ddress	
SSN		– M or	F			DOB
Marital Status	_	Gen				Race
	EN	/IERGI	ENCY CONTAC	T INFORMA	TION	
N/	AME				PHONE	
RELATIONSHI	P OF CO	NTAC	T			
FOR OFFICE USE O	MI V.					
FOR OFFICE USE OF	NLT.					
EE No.	_		Hrly ROP		_	Annual ROP
Proc Grp	_		Hire Date			WC Code
Employee Type:	DARS					
FICA	FRS		Group Ins:	Y or N	HR:	
Medicare	LASERS		Class:		ER Serv:	
	PERS ROVERS		Life Ins	E or F		
	N/A		Microix:	-	_	
Salary Distribution:		_%	from			
		%	from	Fund		Dept
		– ′°		Fund		Dept