

**OAK GROVE R-6 SCHOOL DISTRICT**  
 601 SE 12<sup>th</sup> Street  
 Oak Grove, MO 64075

<b>EMPLOYEE INFORMATION</b>
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*Please type or print clearly*

<b>A. EMPLOYEE INFORMATION (To Be Completed by Employee)</b>												
Employee's Name (as listed on S.S. Card)			Last			First			Middle			
Preferred Name (Nickname)				Birth/Maiden Name				Date of Birth (MM/DD/YY)				
Residence Address (PO Box and Street)				Apt No.		City			State		Zip Code	
Phone Number (      )			Emergency Contact: Name & Phone Number					Social Security #				
Have you been employed previously by the Oak Grove School District? <input type="checkbox"/> Yes <input type="checkbox"/> No    Dates _____ Do You have a Missouri Teacher/Non-Teacher Retirement Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a retiree of Missouri PSRS/PEERS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Indicate Year: _____												
Please Indicate: GENDER: Male or Female    ETHIC ORIGIN: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Asian <input type="checkbox"/> Other    Marital Status: _____												
<b>B. EMPLOYMENT INFORMATION (To Be Completed by Building Administrator)</b>												
Employee Type: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute						Work Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired						
Job Duties				Building		Department		Pay Schedule		<input type="checkbox"/> New Position <input type="checkbox"/> Replaces: _____		
Pay Rate	Hrs/Day	Mnth/Year /12	Column	Step	Contract Length (Days Employed/Possible)			Job Start Date	Job Term. Date			
FTE	Primary Work Record <input type="checkbox"/>			Years with R-6		Mo. Years		Total Years		Tenure Year		
PT	Keep Job Next Year <input type="checkbox"/>											
Highest Degree Received:						Probationary <input type="checkbox"/> Tenured <input type="checkbox"/>						
Summer Employment Assignment:						Salary/Rate			Start Date			
Extra Duty Assignment:						Salary/Rate			Start Date			
Extra Duty Assignment:						Salary/Rate			Start Date			
<b>C. PAYROLL INFORMATION (OFFICE USE ONLY)</b>												
Account Code: Fund				Function		Object		Loc	Program		Payroll Group/Position Code	
Salary Type: <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Per Route						Pay Months:		Pay Period Year: <input type="checkbox"/> Full Year <input type="checkbox"/> Partial Year				
Pay Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				No. of Checks:		Mode of Payment: <input type="checkbox"/> Building _____ <input type="checkbox"/> Home						
<b>D. BENEFIT INFORMATION (OFFICE USE ONLY)</b>												
Retirement %: <input type="checkbox"/> 6.86% <input type="checkbox"/> 14.5%				Medicare Coverage: <input type="checkbox"/> Soc. Sec <input type="checkbox"/> Med. Coverage <input type="checkbox"/> Exempt				Months of Service for Retirement <input type="checkbox"/> Full Year <input type="checkbox"/> Partial Year Months to Serve _____ Months Served _____				
Board Paid Benefits: <input type="checkbox"/> Life <input type="checkbox"/> Medical <input type="checkbox"/> Dental						Employee Paid: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Add'l Life						
Insurance Coverage Begins:												
Tax Group _____				Benefit Group _____				Leave Group _____				