

OAK GROVE R-6 SCHOOL DISTRICT
 601 SE 12th Street
 Oak Grove, MO 64075

EMPLOYEE INFORMATION

Please type or print clearly

A. EMPLOYEE INFORMATION (To Be Completed by Employee)											
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. EMPLOYMENT INFORMATION (To Be Completed by Building Administrator)											
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		
C. PAYROLL INFORMATION (OFFICE USE ONLY)											
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					
D. BENEFIT INFORMATION (OFFICE USE ONLY)											
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 _____			