

# Hustisford School District

## Employee Information Sheet



First-Middle-Last Name	
Address	
City, State, Zip	
Email Address	
Phone Number	

Social Security No.	
Birth Date	
Gender	
Marital Status	

Emergency Contact #1	
Emergency Contact #2	
Doctor's Name	
Hospital / Clinic	

Contact Phone	
Contact Phone	
Allergies	

To be Completed by the Business Office			
Position		Hire Date	
Grades Taught		Annual Salary	
Building		Hourly Rate	
Payroll Account		Hours / Day	
Employee Class		Annual Hours	
Pymt in Lieu of Health Amt		Vacation Days	
		Personal Days	
		Sick Days	