

**MADEIRA CITY SCHOOL DISTRICT
PAYROLL CONTACT INFORMATION**

LEGAL NAME: FIRST, MIDDLE, LAST	
MADEIRA JOB TITLE/POSITION	
MADEIRA BUILDING ASSIGNMENT	
DATE OF BIRTH: MM/DD/YYYY	
EDUCATION: HIGH SCHOOL, BACHELORS, MASTERS	
ODE PROFESSIONAL LICENSE/PERMIT #	
HOME PHONE #	
CELL PHONE #	
PERSONAL EMAIL ADDRESS	

IF CURRENTLY TEACHING IN ANOTHER DISTRICT, COMPLETE BELOW:

EMPLOYER NAME	
EMPLOYER PHONE	
EMPLOYER EMAIL	
JOB ASSIGNMENT/POSITION	

TEACHING EXPERIENCE

AUTHORIZED: OHIO PUBLIC YRS OF TEACHING	
AUTHORIZED: OHIO PRIVATE YRS OF TEACHING	
OUT OF STATE: PUBLIC YRS OF TEACHING	
OUT OF STATE: PRIVATE YRS OF TEACHING	

INFORMATION BELOW REQUIRED TO COMPLETE STATE AND FEDERAL FORMS:

RACE:

- A ASIAN
- B BLACK OR AFRICAN AMERICAN (NON-HISPANIC)
- H HISPANIC
- I AMERICAN INDIAN OR ALASKAN NATIVE
- M MULTIRACIAL
- N NOT SPECIFIED
- P NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- W WHITE, NON-HISPANIC

NOTE: The USCIS-I9 FORM REQUIRED TWO FORMS OF IDENTIFICATION. BRING YOUR DRIVERS LICENSE, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, PASSPORT.

I understand that it is my responsibility to check my pay stub and report any errors. Failure to report errors in a timely manner can result in me owing the district for insurance premiums and/or other deductions that were deducted incorrectly. I understand I am a:

Full time 15% of benefit premium paid by employee

Part time 50% of benefit premium paid by employee

Employee is responsible for paying the designated % of premium if elects to participate in health or dental benefits.

Employee Signature

Date