

**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	
HOME PHONE #:	
CELL PHONE #:	
PERSONAL EMAIL ADDRESS:	
MARRIED OR SINGLE:	

IF CURRENTLY TEACHING IN ANOTHER DISTRICT, COMPLETE BELOW

EMPLOYER NAME:	
EMPLOYER PHONE #:	
EMPLOYER EMAIL ADDR:	
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 & FEDERAL FORMS

RACE: PLEASE CIRCLE ONE

- 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 FORM I-9 REQUIRES 2 FORMS OF IDENTIFICATION. BRING YOUR DRIVERS & SOCIAL SECURITY CARD OR DRIVERS LICENSE & BIRTH CERTIFICATE OR JUST YOUR 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 or compensation paid or not paid in error.

Employee is responsible for paying the designated % of premium if he/she elects to participate in any health benefits.

_____ INITIAL HERE - I HAVE READ THE ABOVE AND UNDERSTAND

EMPLOYEE SIGNATURE

DATE