



**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL
NEW AND/OR REHIRED EMPLOYEES TO BE ADDED TO PAYROLL**
(Must be completed if applicant has not been paid within the last 6 months by the District)

NAME _____ EMPLOYEE ID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ PHONE (C) _____ EMAIL _____

DATE OF BIRTH _____ MARITAL STATUS _____

POSITION _____ BUILDING _____

TYPE OF EMPLOYEE (Circle all that apply) PROFESSIONAL SUPPORT SUBSTITUTE

VETERAN (Circle one) YES NO

HAVE YOU EVER BEEN EMPLOYED BY THE STATE OF DELAWARE (Circle one) YES NO

IF YES, SCHOOL DISTRICT OR AGENCY NAME _____

RETIRED FROM THE STATE OF DELAWARE (Circle one) YES NO

IF SO, WHAT WAS YOUR RETIREMENT DATE? _____

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ON OR PRIOR TO YOUR FIRST DAY OF
EMPLOYMENT**

Attached Direct Deposit Form completed

Attached Form W-4 completed

Attached Copy of I-9 Documentation (usually Driver's License and Social Security Card)

NOTE: PER STATE OF DELAWARE PHRST POLICY – PRU-SSN-01 AND SBO MEMORANDUM #16-20, YOUR SOCIAL SECURITY CARD MUST BE VERIFIED FOR YOU TO BE HIRED, PAID AND ENROLLED IN STATE BENEFITS (IF APPLICABLE)

Received/Verified By: _____ Date: _____