

PAYROLL DATA COLLECTION FORM

SCHOOL: _____

SUBSTITUTE NAME: _____

STREET ADDRESS: _____

City State ZIP

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

COLLEGE DEGREE: YES _____ NO _____

CERTIFICATE: YES (#) _____ NO _____

SUBSTITUTE: TEACHER LUNCHROOM
BUS DRIVER JANITOR

RETIREE RETURN TO WORK: YES NO

If yes, answer the following questions:

DID RETIREE PARTICIPATE IN DROP PROGRAM?: YES NO

IS RETIREE A DISABILITY RETIREE? YES NO

CALL THE SCHOOL BOARD OFFICE IMMEDIATELY BEFORE ANY RETIREE PERFORMS ANY WORK TO HAVE ELIGIBILITY VERIFIED.



FIRST DAY WORKED _____
(ATTACH BACKUP DOCUMENTS)

COMPLETED BY: _____
Signature (Clerk)

DATE COMPLETED: _____

Please call *Kelly Fife* @ 728-5964 with any questions.