

MURRAY CITY SCHOOL DISTRICT

Personnel Record

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|---|-------------------------|---|
| Job Assignment: | School: | Start Date: |
| Name: | Social Security Number: | |
| Street Address: | | |
| City: | State: | ZIP: |
| Primary Telephone: | Secondary Phone # | |
| Email Address: | Sex: | M <input type="checkbox"/> F <input type="checkbox"/> |
| Birthdate: | Marital Status: | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed |
| Name of Spouse: | Spouse's Birthdate: | |
| Spouse's Telephone Number: | | |
| In case of emergency, notify (other than spouse, if listed) | | |
| Name: | Relationship: | Phone # |
| Name: | Relationship: | Phone # |

| | | | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|------------------------------|---|---------------------------------------|---|
| FOR OFFICE USE ONLY: Check List | | | | | | |
| Master List <input type="checkbox"/> | Salary List <input type="checkbox"/> | ALIO <input type="checkbox"/> | SIS <input type="checkbox"/> | Computer <input type="checkbox"/> | Safe Schools <input type="checkbox"/> | TimeForce <input type="checkbox"/> |
| New Hire <input type="checkbox"/> | W-2 <input type="checkbox"/> | I-9 Forms <input type="checkbox"/> | URS <input type="checkbox"/> | Direct Deposit <input type="checkbox"/> | Fingerprints <input type="checkbox"/> | Absence Management <input type="checkbox"/> |

| | | |
|--------------------------------------|-------------------------------------|---|
| Verification of Immunizations | | |
| MMR <input type="checkbox"/> Date: | Tdap <input type="checkbox"/> Date: | Varicella (Chickenpox) <input type="checkbox"/> |

VOLUNTARY AFFIRMATIVE ACTION DATA

PLEASE NOTE: Completion of this section is voluntary. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we request you complete this data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This information will be used and kept confidential in accordance with applicable laws and regulations.

Please select one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino
- Not of Hispanic or Latino:**
- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Two or More Races (|