MURRAY CITY SCHOOL DISTRICT Personnel Record

Job Assignment:					School	:				Start Date					
Name:						Soc	Social Security Num			ber:					
Street A	ddress:														
City:								St			ZIP:				
Primary Telephone:								c :	М	F			Other		
Email Address:							•								
Birthdate:					Ma	arital St	atus:	us:		Married		Sir	Single		
Name of Spouse:							Sp		ouse's Birthdate:						
Spouse's	Teleph	one l	Number:												
In case of emergency, notify (other than spouse, if listed)															
Name:				Relationship:							Phone #				
Name:	::			Relationship:				Ph			one #				
505.0551			0 1				•		•			•			
			Check List			T	T								
Master List Sa		Salary	lary List ALIO			SIS		EMAIL		Safe Schools			TCP		
New Hire	W-2	<u>!</u>	I-9 Forms	ı	JRS	Direc	Direct Depos		sit Finger		erprints		Absence Management		
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:															
Hi	spanic o	r Latir	no												
No	ot of His	panic (or Latino:												
□ w	hite							Black or African Amer			nerica	can			
Na Na	Native Hawaiian or other Pacific Islander					-		Asian							
☐ Ar	merican Indian or Alaska Native							1	Two or More Races (