Employee Information Sheet 2023/2024   Returning _____ New_____ Completed By: _____

Please complete and Email to Data Specialist or fax to 430-7443
Section 1

Employee Type: <u>Charter school employee – 5016</u>   School Number: _____

SS # _____ First name: _____ Middle Initial _____ Last: _____

Sex: ____ Race: _____   DOB: _____ Marital Status: _____

Address: _____City: _____State: _____Zip: _____

Mailing Address: _____ Phone Number: _____

Section 2

WORK LOCATION: _____Date Hired: _____ Start Date: _____

Job Title:_____ Job Code:_____ Grade/Subject Taught if Instructional: _____

Country of Citizenship: US ____Other ___Employment Status: FT ___ PT ___ Temp.FT___Temp.PT ___Sub Only ___

Employment length: 100/10 months _____105/10 ½ months _____110/11 months _____115/11 ½ month_____

120/12 months _____

Section 3

YEARS OF EXPERIENCE: Taught in District _____ Taught in FL _____Taught in Non-Public school _____

Taught other Non-Public _____Administrative Exp. _____ Military Service _____ Non-Instr. In-District _____ Non-Instr.-Outside _____

Section 4

INCOME: Fiscal year salary: _____ Pay Type: D _____ H _____ S _____ Pay Rate: _____

Pay Frequency: 12 ____ 26 ___ Pay Class: _____ Duty Days: _____ Job Code FTE: 100 ____ 050 _____000_____

Job Code Source: B ____ C ____ Salary Schedule pay lane: _____ Salary Schedule step: 98 _____ 99 ____

Salary Supplement Type: _____ Salary Supplement Value: _____

School Number: _____

First name: _____ Last: _____

BENEFIT TYPE: (Complete the ones that apply)

A=Health and Hospitalization _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

B=Life Insurance _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

C=Social Security _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

D- Florida Retirement System _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

E=Commercial /Mutual Insurance Annuity _____Yes   Benefit Value: _____   Benefit Freq.: 12_____ OR 26 _____

F=Unemployment Compensation _____Yes   Benefit Value: _____   **Benefit Frequency: 12_____ OR 26 _____**

G=Worker's Compensation _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

K=Cafeteria Plan _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

L=Other _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

M=Medicare _____Yes   **Benefit Value: _____**   **Benefit Frequency: 12_____ OR 26 _____**

N=Cafeteria Plan - Administrative Cost _____Yes   Benefit Value: _____   Benefit Frequency: 12_____ OR 26 _____

Z=No Benefits _____Yes

FINGERPRINTED: Date: _____   Copy of ID _____

Employee access to: School Email _____   FOCUS: _____

SEPARATION/TERMINATION DATE: _____ REASON: _____

_____

Office Use Only:

User ID _____   Skyward record updated by: _____