

**Employee Information**  
(to be completed by EMPLOYEE)

Full Name: \_\_\_\_\_  
(As it appears on SS Card) Last First Middle Name / Initial

SSN: \_\_\_\_\_ Birth Date (Ex: 01/01/XXXX) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address / PO Box Apartment/Unit #

City State ZIP Code County

CELL Phone #: \_\_\_\_\_ HOME Phone #: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Are you a current member of TRS?  Yes  No  
If yes, please specify ISD, college or university below.

Are you a TRS retiree?  Yes  No  
If yes, what is your retirement date? (Ex: 01/31/XXXX)

Emergency Contact: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

**Employment Status Information**  
(to be completed by SUPERVISOR)

Nature of Action:  New Hire (include job description)  Other Action (specify): \_\_\_\_\_

Hours / Wk:  20 or less  21-29 (TRS Eligible at 4.5 months)  30 or more (eligible for full-time medical benefits)

Effective Date of Employment: \_\_\_\_\_  
(Ex: xx/xx/xxxx)

END Date of Employment: \_\_\_\_\_  
(Ex: xx/xx/xxxx)

WTE Supervisor ID# \_\_\_\_\_

Department: \_\_\_\_\_

WTE Alt. Supervisor ID# \_\_\_\_\_

Position: \_\_\_\_\_

Account #1: \_\_\_\_\_  
(Ex: 00-000000)

Rate of Pay: \$ \_\_\_\_\_ / HOUR

Account #2: \_\_\_\_\_  
(Ex: 00-000000)

Pay Scale: \_\_\_\_\_

Account #3: \_\_\_\_\_  
(Ex: 00-000000)

Work Location: \_\_\_\_\_

Comment(s): \_\_\_\_\_

**Employment Approvals**

\_\_\_\_\_  
Supervisor / Dean

\_\_\_\_\_  
Vice-President

\_\_\_\_\_  
President

**HR / Payroll Office Use Only**

Employee ID# \_\_\_\_\_ POSD-ID \_\_\_\_\_

SSNVS \_\_\_\_\_ TxNH/AGOT \_\_\_\_\_ TRS \_\_\_\_\_ SRBD \_\_\_\_\_

NAE  NFAC  POSD  CPPI  POSS  WAGS  BNDS  ETAX  OFFI  ADAP  SPAP  CPBN