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**PERSONNEL RECORD**

**FILL OUT FORM COMPLETELY AND LEGIBLY -- This is a personnel record.**

**Employee ID: \_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Birthdate \_\_\_/\_\_\_\_/\_\_\_\_\_**

**Name: (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_ (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_\_\_**

**Phone (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_-­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status:** Single Married Widowed Divorced

 Head of Household Legally Separated Registered Domestic Partner

**Ethnicity:**  Hispanic or Latino Not Hispanic or Latino

**Race:**  Caucasian African American Asian American Indian

 Native Hawaiian or other Pacific Islander I choose not to answer

**AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT**

*I hereby authorize the Perry County Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below*.

ACCOUNT INFORMATION (Where you want you check deposited)

FINANCIAL INSITUTION NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL INSTITUTE ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL INSTITUTE PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL INSTITUTION ROUTING #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ACCOUNT:  Checking  Savings ACCOUNT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.*

PLEASE ATTACH A COPY OF CHECK HERE (WRITE VOID ON THE CHECK)

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ATTACH A COPY OF CHECK HERE (WRITE VOID ON THE CHECK)

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

PLEASE ATTACH A COPY OF CHECK HERE (WRITE VOID ON THE CHECK)