

TRI-COUNTY EDUCATIONAL SERVICE CENTER

Payroll Data Form

Social Security Number: _____

Last Name: _____

First Name: _____

Middle Name: _____

Address/Street: _____

Address:/City: _____

Address:/Zip: _____

County: _____

Address/E-Mail (Home) _____

Address/E-Mail (Work) _____

Phone: _____

Marital Status: (circle one) Married Single

Birthdate: _____

Job Title: _____

(If completing this form and are working as a Substitute do not fill in the next 3 lines)

District Served: _____

Site Address: _____

Site Phone: _____

Please indicate retirement status:

_____ Yes, I am a **retiree** of STRS (or another public employee system) _____
School District Effective Date

_____ No, I am not a **retiree** of STRS (or any other public employee system)

Signature

Date