Instructions for Employee Information Sheet

General: Indicate if the Employee is Returning or New, Sign as Completed By

Section 1- EMPLOYEE INFORMATION

1. **School Number** - Four digit school number for your site.
2. **SS #** - Employee's Social Security number
3. **First name**
4. **Middle initial**
5. **Last name**
6. **Sex** - Female, Male
7. **Race** - Hispanic/Latino, American Indian, Black or African American, White, Pacific Islander
8. **DOB** - Date of Birth
9. **Marital Status** - Married or Single

- **Address, City, State, Zip**
- **Mailing Address** - If different than current address
- **Phone number** - Area code+ seven digit number **(This is used as first time log in to Novell)**

Section 2 - WORK LOCATION

1. **Date Hired** - Date the employee was hired. Cannot be the same as the start date.
2. **Start Date** - Date the employee STARTED (First day) working at your site.
3. **Job Title** - Job Description- must be accurate.
4. **Job Code** - Use this link to identify correct job code: http:// www.fldoe.org/ cor e/ fil eparse.php/7728/ urlt/ 0100S66-sfappende.pdf **Country of Citizenship** - US or Other
5. **Grade/Subject Taught if Instructional**
6. **Employment Status-** Full time, Part time, Temp. Full time, Temp. Part time, or Sub only.
7.
8. **Employment Length** - 10 months, 10.5 months, 11 months, 11.5 months, or 12 months.

Section 3-YEARS OF EXPERIENCE

1. **Taught in District** - Total number of years teaching in Escambia County schools.
2. **Taught in Florida** - Total number of years teaching in the State of Florida. **Taught**
3. **in Non-Public-** Total number of year s teaching in Private school setting. **Taught**
4. **in other Non-Public-** Charters
5. **Administrative Exp.** -Total number of years as an Administrative.
6. **Military** Service-Total number of years in the military.
7. **Non Instr in District -** **Total** number of years in district as non-instructional employee.
8. **Non Instr Outside** - Total number of years outside the district or state.

Section 4 - INCOME

1. **Fiscal yearly salary-** Florida status requires the Fiscal salary of ALL employees.
2. **Pay Type -** H=Hourly   S=Salary   D=Daily
3. **Pay Rate** - Divide the Fiscal yearly salary by the Pay Frequency = Pay Rate
4. **Pay Frequency-** 12 for monthly and 26 for bi-weekly.
5. **Pay** Class-A=Administrative schedule, !=Instructional schedule, O=Asst. Principal, E= Charter Staff, Secretaries, Guidance Etc. X = Zone unassigned, No Access

6. Duty Days- Standard number of days per year for an employee= 190 days per year. Temporary, Substitute or Student employee number will be 000.

7. Job Code FTE - 1 00 =100%of the employee' s time is spent at the reported job assignment 050=50%of the employee' s tim e is spent at the reported job assignment. OOO=Substitute teacher, temporary part-time or student employee.

8. Job Code Fund Source - C = Charter school, NOT PAID THROUGH DISTRICT.

9. **Salary Schedule Pay Lane** - O=Non-Instruct ional, I =Bachelor' s, 2=Bachelor's Plus, 3=Maste rs, 4=Master' s Pl us, S=Beyo nd Master's Plus, G=Specialists, 7=Doctorate, 8=Flat Rate-JROTC Instructions , instruct ional personnel I or school administrators hired on or Ju ly 1, 2001.

10. **Salary Schedule** - **98** = Instructional personal and admin istrat ive personal, **99** = Non-instructional personal.

11. **Salary Supplement Type -A=** Athletic Coaches, **Z** = All other employee' s

12. **Salary Supplement Value** - The monetary value of the annual salary supplement for coaching. (EXAM PLE: $500.00 = 0050000), All "Z" = seven Zeros = 0000000.

Section 5 - BENEFIT TYPE

1. **Benefit Type** -A=Health and Hospitalization, B=Life Insurance, C=Social Security, D=Florida Retirement System, E=Commercial or Mutual Insurance Annuit y Plan, F=Unemployment Compensation, G=Worker' s Compensation, K=Cafeteria Plan, L=Other, M=Medicare, N=Cafet eria Plan - Administrative Cost, Z=No Benefits.

2. **Benefit Frequency** - Same as Pay Frequency: 12 or 26.

3. **Benefit Value** - The monetary value of the contribution by the school towards the employee's benefits will be entered in each benefit section. If there are no benefits for that benefit type, then leave it blank.

4. **Fingerprinted** - Enter the date the employee cleared fingerprinting and attach a copy of the email verification.

5. **Employee Access To** - Indicate if the employee should receive access to Gmail and FOCUS.