

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO
CENTRAL OFFICE. USD No.205, P.O. Box 8, Leon, KS 67074

EMPLOYEE INFORMATION

NAME _____ MAIDEN NAME _____

ADDRESS _____

PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER _____

EMERGENCY PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

EXPIRATION DATE _____ CLASS _____

Also Include Copy of the Following:

- Birth Certificate
- Driver License
- Social Security Card
- Marriage License (only for employees who are members of KPERS)
- Copy of Transcript-(Certified Personnel Only)
- Copy of Teaching Certificate (Teachers, Administrators and Substitutes)