

Spartanburg County School District 4

Employee Information

2019-2020

Name: _____ SS #: _____

Address: _____ Date of Birth: _____

Phone #: _____

First Day of Employment: _____

Certificate #: _____ Grade/HR Assign: _____

Position: _____ Sex: _____ Age: _____

Email: _____

Years experience in District 4: _____ Total Cert. Teaching Experience: _____

Emergency Contact: _____ Phone #: _____

State Board Regulations require that the following statement be signed and placed on file.

****I hereby certify that I am physically and mentally able to carry out my responsibilities.****

Employee signature: _____ Date: _____

****District Use Only****

Certificate Expires: _____ Salary Information: _____

Degree: _____ Years Exp.: _____ 9 Mo. Salary: _____

Supplement: _____

Supplement: _____

Days Employed: _____ Total Salary: _____

Codes: _____ Monthly Salary: _____