KILGORE COLLEGE
HUMAN RESOURCES AND SALARY DATA

To be completed by employee with assistance of Kilgore College personnel

NAME_____ SS#_____ BIRTHDATE_____
Last First MI

ADDRESS_____ M_____ F_____
Street/P. O. Box City State Zip

PHONE: HOME # ( ) - EMPLOYMENT # ( ) -

HIRE DATE___/___/___ CONTRACT/EMPLOYMENT PERIOD_____ FULL-TIME_____ PART-TIME _____

TITLE/POSITION_____ DEPARTMENT_____

SALARY_____ METHOD OF PAY: SEMI-MONTHLY_____ MONTHLY_____

BUDGET NAME(S):	BUDGET NUMBER(S):	%	CODE
1. _____	1. _____	_____	_____
2 _____	.2. _____	_____	_____

(If employee assigned to multiple budgets, please list all names and numbers, percentages, and department budget codes.)

BENEFITS ELIGIBILITY: Workers' Compensation Only_____ Full Benefits_____

HIGHEST LEVEL OF EDUCATION: (Circle one)

No Degree	Certificate	Assoc. Degree	Bachelors Degree	Masters Degree	Masters +30 hrs	Masters +60 hrs	Doctorate

Degree(s)_____ Major(s)_____ Institution(s)_____

Instructor Rank:_____ Part-time (07)_____ Full-time(04)_____ Chair/Program Coord.(14)_____

Years of teaching experience at KC:_____ Other Institutions_____
Full-time/Part-time Full-time/Part-time

Years of related work experience_____
Full-time only

To meet government reporting requirements, the following information must be provided.

Ethnic Origin:
_____ White, Non-Hispanic
_____ Black, Non-Hispanic
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian/Alaskan Native
_____ Non-resident Alien
_____ Physical Handicap
_____Yes _____No

NUMBER DAYS TO BE CREDITED FOR CONTRACT/EMPLOYMENT PERIOD: Sick Leave _____

REPLACES_____ Vacation _____
(Name of former employee)

SPECIAL PROVISIONS OR MISCELLANEOUS INFORMATION: _____

_____

_____

_____ _____ _____ _____
Dean/Administrator Date Human Resources Date

-Payroll Human Resources -Dean/Administrator