

**NORTHSIDE INDEPENDENT SCHOOL DISTRICT
WORKER INFORMATION**

NAME: _____

ADDRESS: _____ ZIP: _____

PHONE: (HOME) _____

(WORK) _____

(CELL) _____

E-MAIL ADDRESS: _____

SOC. SECURITY # _____ OR E# _____

ARE YOU A FULL-TIME EMPLOYEE OF NISD? Please mark.

(YES) E#: _____

MONTHLY: _____ OR BI-WEEKLY: _____

(NO)

DID YOU RETIRE FROM NISD? Please mark.

(YES) E# _____

(NO)