

Whitewright ISD
315 A Highland Dr.
Whitewright, TX 75491

PERSONNEL DATA SHEET

(PLEASE PRINT CLEARLY)

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Social Security Number

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Last Name

First Name

Middle Name

Maiden Name
(If Applicable)

Mailing Address

Street Address or Box Number

City

State

Zip

Phone Number

(area code) Number (Home)

(area code) Number (Cell)

Date of Birth

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Month

Day

Year

Sex: _____ Male _____ Female

Ethnic Group: (Circle One)

Native American - Asian - African American - Hispanic - White (non-Hispanic)

Emergency Contact:

Name: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Have you retired with TRS? _____ Yes _____ No

If yes, please complete the following: Retirement Date _____

Regular Retirement _____ or Disability Retirement _____

Have you withdrawn funds from TRS? _____ Yes _____ No

If yes, please complete the following: Date Withdrawn: _____

Employee Signature

Date