

**BUSINESS OFFICE  
INFORMATION SHEET**

*Please print*

Name (Legal): \_\_\_\_\_

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female (please circle)

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Highest Degree Held:

- No Degree
- Associate's
- Bachelor's
- Master's
- Doctorate

Ethnicity:

- White
- Hispanic
- Black
- Asian

Number of years employed in a school district position: \_\_\_\_\_

**Professional employees only:**

Indicate the state step that you are currently being paid on: State Step \_\_\_\_\_ School Year \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Local State Date \_\_\_\_\_

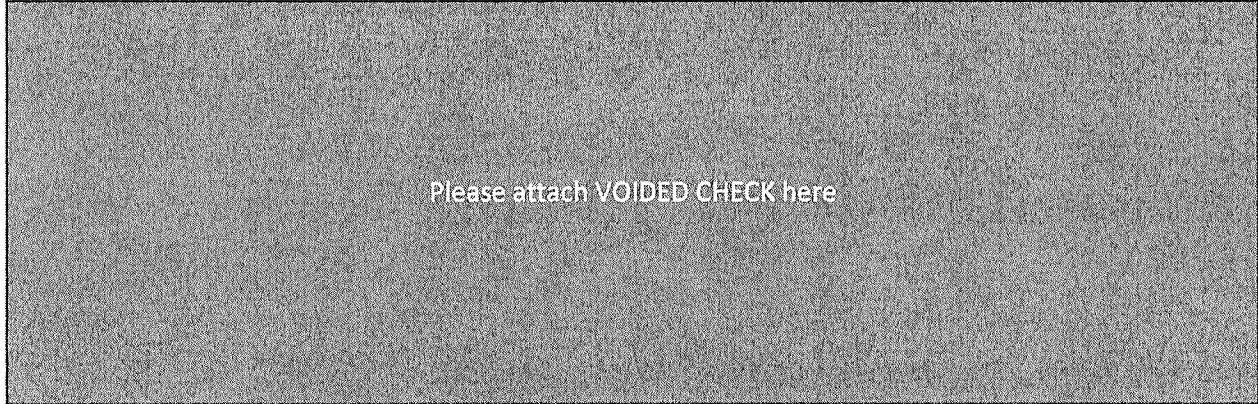
Assignment \_\_\_\_\_

Campus \_\_\_\_\_

# Direct Deposit Authorization Form

## Lone Oak ISD

I (we) hereby authorize Lone Oak Independent School District to initiate entries to my checking/savings account at the financial institution listed below and if necessary, initiate adjustments for any transactions credited in error. This authority will remain effect until Lone Oak ISD is notified by me (us) in writing to cancel it in such a time as to afford LONE OAK ISD and THE FINANCIAL INSTITUTION has a reasonable opportunity to act on it.



### Personal Information

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

### Bank Account Information

Bank Routing # : \_\_\_\_\_

Employee's Account # : \_\_\_\_\_

- Checking Account
- Savings Account

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Campus \_\_\_\_\_

This authority may be terminated upon ten days prior to pay day with written notice to Lone Oak ISD Business Office.

*Lone Oak ISD*  
*New Hire Forms/TRS*

TO: NEW LONE OAK ISD EMPLOYEES  
FROM: BUSINESS OFFICE  
RE: TEACHER RETIREMENT SYSTEM OF TEXAS ELIGIBILITY

1. Have you ever worked for a TRS-covered employer\*? \_\_\_\_\_yes \_\_\_\_\_no  
*\*State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter school*

2. Did you contribute to TRS during this period of employment? \_\_\_\_\_yes \_\_\_\_\_no

3. If the answer to #2 is yes, have you withdrawn your funds from TRS? \_\_\_\_\_yes \_\_\_\_\_no

4. If the answer to #3 is NO, are you currently receiving a monthly retirement check from TRS?  
\_\_\_\_\_yes \_\_\_\_\_no.

(If the answer is Yes (currently receiving a retirement check), the employee is only to be reported on the Employment of Retired Members report.)

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Employee Signature

Date