

**NORTHSIDE INDEPENDENT SCHOOL DISTRICT
WORKER INFORMATION**

DATE: _____

NAME: _____

ADDRESS: _____

ZIP: _____

PHONE: (HOME) _____

(WORK) _____

(CELL) _____

E-MAIL ADDRESS: _____

SOC. SECURITY # _____

OR E# _____

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

(YES) E# _____

(NO) MONTHLY OR BI-WEEKLY

DID YOU RETIRE FROM NISD? Please circle.

(YES) E# _____

(NO)