

NEW KENSINGTON-ARNOLD SCHOOL DISTRICT
707 STEVENSON BOULEVARD
NEW KENSINGTON, PA 15068
(724) 335-4401

PAYROLL INFORMATION SHEET

PART I

Name:

Last

First

M.I.

Address: _____ Phone: _____

Birth

Date: _____

S.S.#: _____

Employee Starting

Date: _____

For Office Use Only

Name as it appears on card:

Municipality of residence:

Have you started to pay LST Tax for the current year to another employer?

YES _____ NO _____

If yes, attach copy of receipt or pay stub to this form.

PART II

Prior to July 1, 1994, have you worked in any capacity (including substitute) for a Public School District within the Commonwealth of Pennsylvania?

YES _____ NO _____ (Check One)

If yes, give dates of employment:

Name of School Entity:

Address:

Have you ever been a member of the PENNSYLVANIA PUBLIC SCHOOL
EMPLOYEES RETIREMENT (PSERS) SYSTEM? YES _____

NO _____ (Check One)

If yes, indicate year(s):

Name of Employer:

Address:

Signature:

Date:
