



DISTRICT ENROLLMENT FORM

Employee Name - First	Middle	Last
Employee Number	Effective Date	District

Address	City	State	Zip	Home Phone No.
Emergency Contact				Contact Phone No.

Social Security No. _____

Federal Withholding Status (attach W-4)
 Married Single Married @ Single Rate

Federal Withholding Exemption(s) _____

Additional Withholding per Pay Period _____

Home Fund _____

Home Cost Center/Department _____

Date Started _____

Date of Birth _____

Gender Female Male

Job Title _____

Work Site _____

Supervisor _____

Wage Rate Per

Hour _____ Meeting _____

Month _____

Employment Security Covered (001) Not Covered (007)

Social Security Covered Not Covered

Position
 Non-Union Union Elected

Deductions*	Amount Deducted	Effective Date
Dues: <input type="checkbox"/> Initiation	_____/month	_____
<input type="checkbox"/> Monthly	_____/month	_____
Deferred Compensation	_____/month	_____
Financial Institution	_____/month	_____
United Way	_____/month	_____
Other: _____	_____/month	_____

Health & Welfare Benefits*

Type of Benefit	Code	Type of Benefit	Code
Medical	_____	Other:	_____
Dental	_____		_____
Vision	_____	Retirement	_____
Life	_____		_____
Life Dependiant	_____		_____

Workers Comp. Codes: 1501 Cemeteries 5306 Clerical 1507 Water Other _____

Comments:

Commissioner	Date	Prepared By	Date
Commissioner	Date	Input By	Date