



**staffdemo**



# Table of Contents



## Image

Demographic Information	Credentials	Verification	Insurance	Service Record	Responsibility																										
Staff ID/SSN: 154-04-1953      Texas Unique Staff ID: 3128489232																															
<b>Name</b> Legal: <input type="text" value="ALEX"/> <input type="text" value="MICHAEL"/> <input type="text" value="ALFARO"/> <input type="text" value=""/> <input type="text" value=""/> <small>Maiden Name</small> Former: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <small>Title      First      Middle      Last      Generation</small>																															
<b>Addresses</b> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Street/P.O. Box</th> <th>Apt</th> <th>City</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>Mailing:</td> <td>43057</td> <td>LUCKEY RUN</td> <td></td> <td>MEDICINE MOUND</td> <td>TX TEXAS</td> </tr> <tr> <td>Alternate:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Address</th> <th>Country</th> <th>Delivery Name</th> </tr> </thead> <tbody> <tr> <td>Supplemental:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Number	Street/P.O. Box	Apt	City	State	Mailing:	43057	LUCKEY RUN		MEDICINE MOUND	TX TEXAS	Alternate:							Address	Country	Delivery Name	Supplemental:			
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Supplemental:																															
Sex: <input type="text" value="M Male"/> <input type="text" value=""/> Citizenship: <input checked="" type="checkbox"/> Driver's License: 30450664      DL State: TX TEXAS DOB: 03-31-1973      Marital Stat: <input type="text" value="S Single"/> <input type="text" value=""/> Deceased: <input type="checkbox"/> DL Expir Date: 00-00-0000																															
<table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Race (check all that apply; must select at least one)</th> </tr> </thead> <tbody> <tr> <td>Hispanic/Latino <input type="checkbox"/></td> <td>           American Indian Alaskan Native <input type="checkbox"/>      Native Hawaiian Pacific Islander <input type="checkbox"/>            Asian <input type="checkbox"/>      White <input checked="" type="checkbox"/>            Black African American <input type="checkbox"/> </td> </tr> </tbody> </table>						Ethnicity	Race (check all that apply; must select at least one)	Hispanic/Latino <input type="checkbox"/>	American Indian Alaskan Native <input type="checkbox"/> Native Hawaiian Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input checked="" type="checkbox"/> Black African American <input type="checkbox"/>																						
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TxEIS field	Element ID	Data Element	Description	PEIMS Submission
Staff ID/SSN	E0505	STAFF-ID	The employee's SSN	Summer Fall
Legal - First	E0703	FIRST-NAME	The employee's legal first name. Do not use an initial unless an initial is the legal first name.	Summer Fall

<b>TxEIS field</b>	<b>Element ID</b>	<b>Data Element</b>	<b>Description</b>	<b>PEIMS Submission</b>
<b>Legal - Middle</b>	E0704	MIDDLE-NAME	The employee's legal middle name as shown on the identification documentation used for employment. If the employee has no middle name, the field must be blank. The middle name can be reported as blank for employees only when the employee does not have a middle name on his identification documentation. Do not use text such as NONE or NA.	Summer Fall
<b>Legal - Last</b>	E0705	LAST-NAME	The employee's legal last name.	Summer Fall
<b>Legal - Generation</b>	E0706	GENERATION-CODE	The suffix attached to the employee's name. The field can be blank. The field must be blank if the employee does not have a generation suffix on his name based on the identification documentation used for employment.	Summer Fall
<b>Sex</b>	E0004	SEX-CODE	Indicates the employee's gender.	Summer Fall

<b>TxEIS field</b>	<b>Element ID</b>	<b>Data Element</b>	<b>Description</b>	<b>PEIMS Submission</b>
<b>DOB</b>	E0006	DATE-OF-BIRTH	The month, day, and year of the employee's birth.	Summer Fall
<b>Hispanic/Latino</b>	E1064	HISPANIC-LATINO-CODE	Indicates a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	Summer Fall
<b>American Indian Alaskan Native</b>	E1059	AMERICAN-INDIAN-ALASKA-NATIVE-CODE	Indicates a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.	Summer Fall
<b>Asian</b>	E1060	ASIAN-CODE	Indicates a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.	Summer Fall
<b>Black African American</b>	E1061	BLACK-AFRICAN-AMERICAN-CODE	Indicates a person having origins in any of the black racial groups of Africa.	Summer Fall

<b>TxEIS field</b>	<b>Element ID</b>	<b>Data Element</b>	<b>Description</b>	<b>PEIMS Submission</b>
<b>Native Hawaiian Pacific Islander</b>	E1062	NATIVE-HAWAIIAN-PACIFIC-ISLANDER-CODE	Indicates a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Summer Fall
<b>White</b>	E1063	WHITE-CODE	Indicates a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	Summer Fall





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