



fall_submission_verify_hr_employment_info

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State Reporting

Employee: Retrieve Directory

Employment Info Pay Info Job Info Distributions Deductions Leave Balance

Employee Status: <input type="text" value="4 Resigned"/>	Original Emp. Date: <input type="text" value="02-01-2010"/>	Primary Job Code: 0608 - ISS AIDE-041-187
Highest Degree: <input type="text" value="0 No Bachelor's"/>	Latest Re-Employ Date: <input type="text" value="00-00-0000"/>	Primary EEOC: 13 - Teacher aides
Percent Day Employed: <input type="text" value="100%"/>	Retirement Date: <input type="text" value="00-00-0000"/>	Percent Assigned: 100%
Eligible for Re-hire: <input checked="" type="checkbox"/>	Take Retiree Surcharge: <input type="checkbox"/>	Employment Type: <input type="text" value="F Half-Time or more"/>
Extract ID: <input type="text"/>	NY Take Retiree Surcharge: <input type="checkbox"/>	Retiree Employment Type: <input type="text"/>
W-2 Elec Consent: <input type="text"/>	Year Round: <input type="checkbox"/>	PDIMS Auxiliary Role ID: <input type="text"/>
1095 Elec Consent: <input type="text"/>	ERS Retiree Health Elig: <input type="checkbox"/>	
	NY ERS Retiree Health Elig: <input type="checkbox"/>	

<p>Years Experience</p> <table border="0"> <tr> <td>Professional</td> <td>Non-Professional</td> </tr> <tr> <td>Total: <input type="text"/></td> <td>Total: <input type="text" value="05"/></td> </tr> <tr> <td>In District: <input type="text"/></td> <td>In District: <input type="text" value="05"/></td> </tr> </table>	Professional	Non-Professional	Total: <input type="text"/>	Total: <input type="text" value="05"/>	In District: <input type="text"/>	In District: <input type="text" value="05"/>	<p>Contract Information</p> <table border="0"> <tr> <td>Class:</td> <td><input type="text"/></td> </tr> <tr> <td>Term:</td> <td><input type="text"/></td> </tr> <tr> <td>Year:</td> <td><input type="text"/></td> </tr> </table>	Class:	<input type="text"/>	Term:	<input type="text"/>	Year:	<input type="text"/>	<p>Extended Leave</p> <table border="0"> <tr> <td>Begin:</td> <td><input type="text" value="00-00-0000"/></td> </tr> <tr> <td>End:</td> <td><input type="text" value="00-00-0000"/></td> </tr> </table>	Begin:	<input type="text" value="00-00-0000"/>	End:	<input type="text" value="00-00-0000"/>	<p>Termination</p> <table border="0"> <tr> <td>Date:</td> <td><input type="text" value="06-03-2016"/></td> </tr> <tr> <td>Reason:</td> <td><input type="text" value="08 Other reasons"/></td> </tr> <tr> <td>Full Semester:</td> <td><input type="checkbox"/></td> </tr> </table>	Date:	<input type="text" value="06-03-2016"/>	Reason:	<input type="text" value="08 Other reasons"/>	Full Semester:	<input type="checkbox"/>	<p>Grade(s) Taught</p> <input type="text"/>
Professional	Non-Professional																									
Total: <input type="text"/>	Total: <input type="text" value="05"/>																									
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