

**LA GRANGE AREA DEPARTMENT OF SPECIAL EDUCATION
EMPLOYEE PAYROLL DATA FORM**

(Check One)

New Employee

Permanent Change

Number of Pays: _____

**Please complete the sections marked with an asterisk (*). PLEASE PRINT CLEARLY OR TYPE.
Return this form to the Human Resources/Payroll office together with the two W-4 tax withholding forms. Thank you!**

* (1) Name: _____ *Birth Date: _____
(Last) (First) (MI)

* (2) Street Address: _____

* (3) City/State/Zip: _____ *County: _____

* Home Phone Number: _____ Hire Date: _____ Tier Level _____

* (4) Social Security Number: _____

* **Marital Status:** Single Married Female Male

* **For Tax Purposes:** Single Married Married, but at a higher single rate

Paycheck Distribution Option: Mail to My Address Listed Above Pick Up at LADSE Office

(Payroll Office Use Only)

- | | | |
|--------------------------------------|-------|------------|
| (5) Hourly Rate | _____ | (5) _____ |
| (6) Distribution #1 (Major Work Cat) | _____ | (6) _____ |
| (7) Salary #1 | _____ | (7) _____ |
| (8) Distribution #2 | _____ | (8) _____ |
| (9) Salary #2 | _____ | (9) _____ |
| (10) Distribution #3 | _____ | (10) _____ |
| (11) Salary #3 | _____ | (11) _____ |
| (12) Distribution #4 | _____ | (12) _____ |
| (13) Salary #4 | _____ | (13) _____ |
| (14) Pension Code | _____ | (14) _____ |
- (1= Teacher pension, 2 = FICA, 3 = IMRF, 4 = None, 5 = T.R.S. with Medicare)
- | | | |
|-------------------------------|-------|------------|
| (15) Insurance Deduction | _____ | (15) _____ |
| (16) Credit Union Deduction | _____ | (16) _____ |
| (17) Annuity Deduction | _____ | (17) _____ |
| (18) Number of IL. Exemptions | _____ | (18) _____ |
| (19) Additional Illinois Tax | _____ | (19) _____ |
| (20) Number of Fed Exemptions | _____ | (20) _____ |
| (21) Fixed Federal Tax amount | _____ | (21) _____ |
| (22) Additional Federal Tax | _____ | (22) _____ |

PAY CYCLE: _____ LOCATION: _____