



## NON-ZPS EMPLOYEE - PAID POSITION INFORMATION

Michigan Department of Education requires school districts to report all paid employees (regardless of how they are paid) on the REP report (Registry of Educational Personnel).

Please complete all information requested on this form and return it to the Human Resources Department. We appreciate your cooperation.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City, State ZIP:** \_\_\_\_\_

**Cell/Home Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Building Assignment:** \_\_\_\_\_

**Race: (Please check all that apply)**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | White                                     |
| <input type="checkbox"/> | Hispanic or Latino                        |
| <input type="checkbox"/> | Asian American                            |
| <input type="checkbox"/> | Black or African American                 |
| <input type="checkbox"/> | American Indian or Alaska Native          |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander |

X \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**