

**NEW KENSINGTON-ARNOLD SCHOOL DISTRICT**  
**707 STEVENSON BOULEVARD**  
**NEW KENSINGTON, PA 15068**  
**(724) 335-4401**  
**PAYROLL INFORMATION SHEET**

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**PART I**

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

S.S.#: \_\_\_\_\_ Employee Starting Date: \_\_\_\_\_  
*For Office Use Only*

Name as it appears on Social Security Card: \_\_\_\_\_

Municipality of residence: \_\_\_\_\_

Have you started to pay LST Tax for the current year to another employer?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, attach copy of receipt or pay stub to this form.

**PART II**

Prior to July 1, 1994, have you worked in any capacity (including substitute) for a Public School District within the Commonwealth of Pennsylvania?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Check One)

If yes, give dates of employment: \_\_\_\_\_

Name of School Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been a member of the PENNSYLVANIA PUBLIC SCHOOL EMPLOYEES RETIREMENT (PSERS) SYSTEM? YES \_\_\_\_\_ NO \_\_\_\_\_ (Check One)

If yes, indicate year(s): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_