

HENDERSON INDEPENDENT SCHOOL DISTRICT
PERSONNEL INFORMATION SHEET

NAME: _____

ADDRESS: _____

Street Address

P O Box

City

State

Zip

PHONE: _____ (Home)

(Cell)

MARITAL STATUS _____ **DATE OF BIRTH** _____
(S=Single; M=Married)

SPOUSE'S NAME _____

*According to HB 1976, 69th Legislature, we must allow public access to certain personal information such as home addresses, telephone numbers, etc. of employees **unless** the employee indicates he/she does not want that information released.*

Please check each item below that you want kept confidential:

_____ Mailing Address

_____ Marital Status

_____ Home Phone Number

_____ Spouse's Name

_____ Cell Phone Number

_____ Former Name

_____ Date of Birth

_____ Social Security Number

Signature

Date

Campus

Assignment