

EPIMS INFORMATION FORM

FIRST NAME	
MIDDLE NAME	
LAST NAME	
HOME ADDRESS	
PRIMARY PHONE NUMBER	
DATE OF BIRTH	
GENDER	
DOE LICENSE/CERTIFICATION NO.	
IS YOUR CERT. ISSUED BY WAIVER?	
STATE ASSIGNED ID NO. (if known)	
RACE	
DATE OF HIRE	
DEGREE TYPE 1 (hs diploma, bachelors, etc)	
DEGREE INSTITUTION 1 (school)	
DEGREE SUBJECT 1	
DEGREE TYPE 2 (hs diploma, bachelors, etc)	
DEGREE INSTITUTION 2 (school)	
DEGREE SUBJECT 2	
DEGREE TYPE 3 (hs diploma, bachelors, etc)	
DEGREE INSTITUTION 3 (school)	
DEGREE SUBJECT 3	
JOB CLASSIFICATION/POSITION	
GRADE LEVEL TAUGHT	
SUBJECT AREA	
DO YOU WORK FULL-TIME?	
IF PART-TIME, # HOURS PER WEEK	

Please forward completed copy of this form to Payroll and Data Coordinator