

Argyle Independent School District  
New Hire Payroll Form

*NOTE: "Gray" areas to be completed by Central Office Staff*

Employee Name:
----------------

Employee Number:
------------------

**Home Address\***

Street Address:
-----------------

City:
-------

State: Texas	Zip:
--------------	------

Home Phone:	Cell Phone:
-------------	-------------

Email Address:
----------------

*\* Submit TRS 358 - Change of Address Notification for submission to TRS if applicable*

Emergency Contact Name:
-------------------------

Emergency Contact Phone Number:
---------------------------------

**Primary Job Assignment**

Employee's Job Assignment:
----------------------------

Primary Campus:	Other Campus:
-----------------	---------------

**Duty Year**

Beginning Date:	Ending Date:
-----------------	--------------

Days in Contract:
-------------------

**Compensation (12 equal payments)**

Employee Annual Contract Amount:	\$
----------------------------------	----

12 Monthly Payments:	\$
----------------------	----

Daily Rate	\$
------------	----

**"Other Duty" Assignment(s)**

"Other Duty" 1:	"Other Duty" 3:
-----------------	-----------------

Dollar Amount or Percentage:	Dollar Amount or Percentage:
------------------------------	------------------------------

<b>Coding:</b>	<b>Coding:</b>
----------------	----------------

"Other Duty" 2:	"Other Duty" 4:
-----------------	-----------------

Dollar Amount or Percentage:	Dollar Amount or Percentage:
------------------------------	------------------------------

<b>Coding:</b>	<b>Coding:</b>
----------------	----------------

Employee Signature and Date:	Hiring Approval Signature and Date:
------------------------------	-------------------------------------

--	--

Campus Signature and Date:	CFO Approval Signature and Date:
----------------------------	----------------------------------

--	--