

THE UNIVERSITY *of* MONTANA WESTERN

Payroll Data Form: Teacher Candidate Supervisors/Coordinators Submitted By: _____

Required Payroll Forms Include: Completed Payment Request Form, Signed Contract, I-9 with copies of verifying documents and W-4 Form

Name _____ Previous Name _____
(LAST FIRST MIDDLE INITIAL)

Legal Name (if different than above) _____

Social Security Number _____ E-mail address _____

Mailing Address (where you want your check and W-2 form Mailed) _____

City _____ State _____ Zip code _____ Phone number _____

I currently contribute or have contributed to a Montana Retirement System: (Mark Below)

____ PERS (Public Employees' Retirement) ____ TRS (Teacher's Retirement) ____ TIAA-CREF

I am retired from a Montana Retirement System: (Mark below)

____ PERS (Public Employees' Retirement) ____ TRS (Teacher's Retirement) ____ TIAA-CREF

Demographic Information

Birth Date ____/____/____
Month Day Year

Ethnic Background

____ White (1) ____ Asian or Pacific Islander (4)
____ Black (2) ____ American Indian or Alaskan (5)
____ Hispanic (3) ____ Other (6)

Sex

____ Male (M)
____ Female (F)

US Citizenship

____ Yes (Y)
____ No (N)

Marital Status

____ Married (M)
____ Single (S)

Veteran Status

____ Not Applicable
____ Vietnam Era Veteran (8/5/64-5/7/75) (D)
____ Disabled Veteran (Y)

Disabled

____ Yes (Y)
____ No (N)

Designation of Person Authorized to Receive Decedent's Warrants: Pursuant to Section 2-18412, MCA, I hereby designate the following person who notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding for payment of death benefits and refund of employee retirement contributions, that would have been payable to me as a result of my employment with the State of Montana had I survived. **Relationship to you (check one): a) spouse b) child c) other**

Name _____ Address: _____
(Last, First, Middle Initial)

City _____ State _____ Zip Code _____ Phone _____

Employee Signature _____ Date _____

Section 2: To be completed by the Director of Field Experience

Semester Paid: ____ Fall ____ Spring ____ Summer ____ Year

____ University Supervisor ____ Cooperating Teacher ____ Other _____

Number of Students _____ Rate to be paid \$ _____ Total Compensation \$ _____

Index: _____ Signature: _____

Director of Field Experience

Date

(For Payroll Use)

Payroll ID

Position

Pay Period/Year