HUMAN RESOURCES DEPARTMENT/EMPLOYEE RECORDS
100 N. UNIVERSITY DRIVE / FORT WORTH, TX 76107 817/871-2232

EMPLOYEE INFORMATION FORM
(PERSONNEL FORM 101)

Every FWISD employee completes a Personnel Form 101 when hired. It is the responsibility of the employee to complete a new Form 101 if any of the information on their existing form changes.
Please note: The new form should be completed in its entirety – it will replace the outdated Form 101 in the employee's file.

Completed forms may be delivered in person to the Receptionist's desk in Human Resources or sent to HR/Employee Records through school or U.S. mail. Please do not return completed forms by fax or email.

PART I ***Please print***

NAME: _____
EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

☐ √ **if name change** (copy of Social Security card in new name must be attached to completed form).

SS#:____ ____ ____ - ____ ____ - ____ ____ ____ ____
EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

10 DIGIT PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

I authorize release of information in this section to:
□ **TRS Active-Care** □ **CompDent** or □ **United Concordia** □ **U.S. Savings Bonds**

PART II ***Please print***

EMERGENCY AUTHORIZATION: As an employee of the District and pursuant to the Public Information Act, I authorize the District to release to the designated person(s) listed below information it has about my employee insurance and beneficiaries upon the written request of the designated person(s). See Tex. Gov't Code § 552.023.

Name	**Relationship**	**10 Digit Phone Number**

Upon my death, I authorize the person (age 18 or older) listed below to receive my last paycheck and any entitlements due me under Policy DF (R) (Local):

Name	**Relationship**	**Address**	**10 Digit Phone Number**

PART III

The Texas Public Information Act allows the following employee information to be withheld from release to the public at the discretion of the employee:

Home address	Personal email address
Home telephone number	Personal cell phone number
Social Security number*	Information that reveals whether you have family members

***Note: Regardless of your election, the District does not release Social Security numbers.**

Please indicate your choice:

_____ Allow **r**elease of my information _____ Do NOT allow release of my **information**

_____
Employee signature (required to validate form)

_____
Date (required to validate form)