*\*\*\* This form MUST be completed annually and submitted to DMT for processing. \*\*\**

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| --- |
| **EMPLOYEE INFORMATION** |
| Last Name   | First Name  | Program Year  | Date of Birth   |
| Home Address   | City   | Zip  | Employee Phone  |
| Site/Office   | Work Email   | Supervisor/Coordinator Name   |
| Emergency Contact #1  | Emergency Contact Phone  | Emergency Contact #2  | Emergency Contact Phone  |

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| **EMPLOYMENT INFORMATION** |
| Current Position (SUBS: Indicate what position/whom you are subbing for)  | [ ]  Full Time [ ]  Part Time | [ ]  Permanent[ ]  Temporary  | [ ]  Current HS Parent[ ]  Former HS Parent | Initial Hire Date  |
| **PROGRAM OPTIONS: CHECK ALL THAT APPLY** |
| [ ]  EHS Center-Based [ ]  EHS Home-Based [ ]  Head Start [ ]  GSRP  | Do you work for a collaborative center? [ ]  YES [ ]  NO |
| **RACE: CHECK ALL THAT APPLY (for USDA)** |
| [ ]  American Indian/Alaksa Native [ ]  Asian  |  [ ]  Black/African-American  [ ]  White  |  [ ]  Unspecified   | Hispanic/Latino[ ]  YES [ ]  NO |

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| **EDUCATION INFORMATION** |
| *Highest Education Level Achieved*[ ]  High School/GED [ ]  Associate Degree [ ]  Bachelor’s Degree [ ]  Advanced Degree | Is this degree ECE related? [ ]  YES [ ]  NO |
| Name of Degree   | Endorsements/Certifications (i.e. ZS, ZA, P.A.T.)   | Expiration Date  |
| Currently enrolled in an ECE program? [ ]  YES [ ]  NO | Hours Toward ECE Degree  |
| Current Child Development Associate Credential (CDA) [ ]  Infant/Toddler [ ]  Preschool [ ]  N/A  | CDA Expiration Date   | Currently enrolled in a CDA Program? [ ]  YES [ ]  NO  |
| ***Collaborative Center Service Coordinator Use Only:***  [ ]  Teacher [ ]  Assistant Teacher [ ]  Other |

**Distribution** Original Staff Forms: DMT (Michelle Karns) DMT sends original staff forms to supervisor