Personnel Data Form

Arkansas Department of Career Education - Adult Education Division

Rev. 3/30/16

Please complete this form in its entirety.

* Required

Name of Program *

Today's Date *

Program Contact Person *

Program Contact E-Mail *

Staff Name *

Social Security # *

Staff E-mail *

Position * ◯ Director ◯ Paraprofessional ◯ Teacher ◯ GED Examiner

Hire Date *

Exit Date

Does this hire fill a TBA Position?* ◯ Yes ◯ No

Status * ◯ Full Time ◯ Part Time

Does this hire replace a previously filled position?* ◯ Yes ◯ No

If Yes, who does this hire replace?

Teacher License * ◯ Yes ◯ No

Adult Ed Endorsement ◯ Yes ◯ No

Date change from P/T to F/T

Diploma/Degree (type) *

Rate of Pay (salary) *

Pay Type * ◯ Hourly ◯ Annually ◯ Daily

Comments:

Include the following with all data forms submitted:

* Current copy of all teaching licenses.
* Copy of all GED, high school diplomas or degrees for Paraprofessionals.
* Updated Arkansas Adult Education Personnel Page.

Incomplete forms will **NOT** be processed.