

**Adult Education Division**  
Arkansas Department of Career Education  
1/24/11

Adult Education Personnel Data Form	
Name of Program:	
Date Sent:	
Name:	
Social Security #:	
FT/PT:	
Hire Date:	
Exit Date:	
Date person goes FT:	
Adult Ed. Endorsement:	(Check one)      Yes:                  No:
Expiration Date:	
(Check one) – Teacher License	
Non-Teacher Credential:	
Rate of Pay:	
Degree/Diploma:	

**Note: This form must be accompanied by a high school diploma, GED® Credential or degree for a paraprofessional or teaching license for a teacher. If a part-time employee goes full-time, please send in a new teacher information form with the date going full-time and any changes in pay.**

**Additional information you wish to include:**

*Please include this form with all teaching licenses, degrees, and/or diplomas. If this form is not complete, it will not be processed.*