UNION COUNTY PUBLIC SCHOOLS – HUMAN RESOURCES DIVISION
STEMS EMPLOYEE PROFILE FORM
Attention: STEMS Office
Lorayn.DeLuca@ucps.k12.nc.us
Fax: (704) 289-9154

Date: _____

SSN: _____

Legal Name: _____
(Name as listed on Social Security Card) Last First Middle Maiden

Address: _____
Street City State Zip

Home Phone: _____ Alt phone: _____

School: _____ Grade: _____

Email: _____ Subject Taught: _____

If serving more than one school, please identify the school's name, days of the week, start/end time that you work at that location.

2nd School's Name: _____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

3rd School's Name: _____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please indicate your classification:

☐ Teacher

☐ Teacher Assistant