

SONOMA COUNTY OFFICE OF EDUCATION
Business Services and Data Processing

NEW DISTRICT INFORMATION SHEET

District Name (exact name): _____
(30 characters maximum)

District Address: _____

District Phone No.: _____

District DP #: # _____

If Charter School, name of sponsoring district: _____

Grade level(s): _____

Business person contact:

Name _____

Phone _____

Employee or Contractor
circle one

Will the district be using the following systems: Y (yes) N (no)

Payroll _____

STRS _____

PERS _____

Financial _____

APY _____

Identify the following:

SUI ID# _____

FICA ID# _____

SIT ID# _____

SDI ID# _____

Pick-up Option _____

Worker's Comp Rate _____

Will person need training from Data Processing?

Submit form to SCOE, Business Services, Director Fiscal Services
Complete a SCOE Business Services Signature Authorization Form
Complete a SCOE Data Processing Authorization Form, if applicable