

EMPLOYEE INFORMATION SHEET

The following personal data is requested to assist the University, Human Resources and Payroll with notifying you of general information, benefits updates, and University sponsored events. Information provided on this form is for University business purposes only. Please print.

Social Security Number:		J Number:			
Family Salutation (ex. Mr. and Mrs. John Smi	·				
Current Identification (Please print)					
Prefix First Name	Middle Name/Inital	Last Name		Suffix	
Address (Mailing/Campus) & Telept	<u>hone</u>				
Home Street Address	City		State	Zip	
Home Phone:	(are) a code)			
Department Information	(use	d for University Emerge	ency Notificat	tion system only)	
Department	Bldg	R	oom	Phone	
<u>Biographical</u>	<u>Disabili</u>	<u>ty</u>			
Marital Status: ☐ Single ☐ N	Narried Yes	No			
Veteran Status (Check applicable status	s)				
☐ Vietnam Era Vet ☐ Disabled Vet	Other Eligible Vet				
Armed Forces Service Medal Veteran Reci	ipient N	ewly Separated and D	ate of Separa	ation:	
Emergency Contact					
First Name Mid	Idle Name/Inital Last Nam	е	Phone	: #'s	
Spousal Information					
Prefix First Name	Middle Name/Inital	Last Name		Suffix	
Education Completed (select highest of	completed)				
8 th Grade High School	Undergraduate	Graduate	Teri	minal Degree	
Signature	Date	3		Revised 01/01/19	