



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 Smith, III)

Current Identification (Please print)

Prefix _____ First Name _____ Middle Name/Initial _____ Last Name _____ Suffix _____

Address (Mailing/Campus) & Telephone

Home Street Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: (____) _____
(area code)
(used for University Emergency Notification system only)

Department Information

Department _____ Bldg _____ Room _____ Phone _____

Biographical

Disability

Marital Status: S Ma d Y N

Veteran Status (C c a cab a)

V a E a V D ab d V O E b V

A d F c S c M da V a R c N S a a da d Da S a a : _____

Emergency Contact

First Name _____ Middle Name/Initial _____ Last Name _____ Phone #'s _____

Spousal Information

Prefix _____ First Name _____ Middle Name/Initial _____ Last Name _____ Suffix _____

Education Completed

8th Grade _____ High School _____ Undergraduate _____ Graduate _____ Terminal Degree _____

Signature _____ Date _____