

Organizational Unit Name _____

Org. Unit # _____

Personal Data Form

PDF Completed By _____	Phone # _____	E-Mail _____	Date _____
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EFFECTIVE DATE

From _____ (MM/DD/YYYY)

New

Update

PERSONAL DATA (IT0002)

Personnel # _____ (Personnel # required on all changes/separations)

Last Name _____ Name at Birth _____

First Name _____ Middle Initial _____ (no period)

Known as _____ SSN _____
(SSN required on all new hires)

Birth date _____ (MM/DD/YYYY) Gender Male Female

Name Change Previous Name _____

PERMANENT HOME ADDRESS (IT0006) (no punctuation or dashes)

Spouse's name (if applicable) _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

I do not wish to have my home address information published in the University directory. (xdir)

CURRENT HOME ADDRESS (IT0006) (no punctuation or dashes)

c/o _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

WORK ADDRESS (IT0006) (no punctuation or dashes)

Building _____

Room Number _____ Campus/City _____ County _____

State _____ Zip _____ Telephone _____

Fax _____ E-mail _____

EMERGENCY CONTACT (IT0006) (no punctuation or dashes)

Name _____

Telephone _____ E-mail _____

PAYCHECK DISPOSITION INFORMATION (IT0009)

Check one: Direct Deposit Check Check option only available for employees under 18 years of age or employed for 30 days or less.

ADDITIONAL PERSONAL DATA (IT0077)

Ethnic origin White/non-Hispanic (01) Black/non-Hispanic (02) Hispanic (03)
 Asian/Pacific Islander (04) Native American/Alaskan (05)
Military status Not applicable Vietnam Veteran, disabled Vietnam Veteran
 Active National Guard Other Veteran, disabled Other Veteran
Medicare eligible Yes No Disability Yes No
Date disability determined _____ Date employer learned of disability _____

EDUCATION (IT0022) (not required for student workers)

Date of graduation _____ Institutional name _____
(MM/DD/YYYY) (Institute acronym preferred)
Type of educational institution High School (HS) Trade School (TR) Community College (CC)
 Tech School (TS) Professional School (PS) College/University (UC)
Certificate/Degree _____ Is this the highest possible degree in your field? Yes No

EDUCATION (IT0022) (additional degrees, if any)

Date of graduation _____ Institutional name _____
(MM/DD/YYYY) (Institute acronym preferred)
Type of educational institution High School (HS) Trade School (TR) Community College (CC)
 Tech School (TS) Professional School (PS) College/University (UC)
Certificate/Degree _____ Is this the highest possible degree in your field? Yes No

QUALIFICATIONS (IT0024) (skills, licenses and certifications, if applicable)

License _____ Programming language _____
Proficiency: ___ Low ___ Average ___ High ___ Excellent
 Certification _____ Programming language _____
Proficiency: ___ Low ___ Average ___ High ___ Excellent
 Foreign language _____
Proficiency: ___ Low ___ Average ___ High ___ Excellent
 Foreign language _____
Proficiency: ___ Low ___ Average ___ High ___ Excellent

NON-RESIDENT ALIEN (IT0048/94)

Original Date of Arrival to United States _____ (MM/DD/YYYY)
Country of Citizenship _____

Employee Signature _____ Date _____