



EMPLOYEE PERSONAL DATA SHEET

☐ New Employee

☐ Change of Information

☐ Annual Update

Note: This form replaces all preceding forms. Please complete all sections prior to submitting to Human Resources.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Alternate Phone # _____

Personal Email Address: _____

EMERGENCY INFORMATION: In case of an emergency, please contact the following individuals:

First Contact Name: _____ Phone # _____

Relationship: _____

Second Contact Name: _____ Phone # _____

Relationship: _____

*This section is not required
for Dual Credit Instructors teaching off campus.*

THIS BELOW SECTION IS VOLUNTARY

For EO Compliance & IPEDS Reporting

RACE/ETHNICITY

- ☐ Hispanic / Latino
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Two or More Races
- ☐ Race & Ethnicity Unknown

GENDER

- ☐ Male
- ☐ Female

Family Information:

Spouse Name: _____

Child(ren) Name(s): _____

EMPLOYEE SIGNATURE: _____ DATE: _____