|  |  |  |
| --- | --- | --- |
| * 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 BELOW SECTION IS VOLUNTARY**

***For EO Compliance & IPEDS Reporting Family Information:***

**RACE/ETHNICITY Spouse Name:**

* Hispanic / Latino **Child(ren) Name(s):**
* 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

 EMPLOYEE SIGNATURE: DATE: