



EMPLOYEE PERSONAL DATA

LOCATION / SUBLOCATION		TYPE OF ACTION <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Change: <input type="checkbox"/> Address <input type="checkbox"/> Marital Status <input type="checkbox"/> Name <input type="checkbox"/> Other: _____	
Social Security Number	ACTION EFFECTIVE DATE:		
Last Name	First Name		Initial

PERSONAL DATA

Home Street Address				Birth Date	Sex	* Marital Status	Home Telephone				
				City				State	Zip Code		
	Office Extension	U.S. Resident	Country of Citizenship	* Ethnic Code	U.S. Citizen	Disabled	Vietnam Veteran	Other Veteran	Disabled Veteran	Officer Code	Union Code

EMERGENCY CONTACT INFORMATION

Primary Contact	Last Name	First Name	Initial	* Relationship	Emergency Telephone	
	Street Address		City		State	Zip Code
Secondary Contact	Last Name	First Name	Initial	* Relationship	Emergency Telephone	
	Street Address		City		State	Zip Code

SPOUSE INFORMATION

Last Name		First Name			Initial
Birth Date	Social Security Number	Date of Marriage	Medical Coverage by Employer (Y/N)	Dental Coverage by Employer (Y/N)	
Employer			Employment Effective Date	Employment Termination Date	
Street Address		City		State	Zip Code

* Please see attached code listing



INSTRUCTIONS

1. Indicate the **ACTION EFFECTIVE DATE** and **TYPE OF ACTION**.
2. Enter the appropriate field information. To change information, **circle** the appropriate field and write in the new information.

PERSONAL DATA

The following HRIS codes are to be used in the completion of this form:

Sex: F = FEMALE; M = MALE

Marital Status: 1 = MARRIED; 2 = SINGLE

U.S. Resident: Y = YES; N = NO

Country of Citizenship: To be completed only if the employee is **not** a resident of the United States.

Ethnic Code: 1 = WHITE; 2 = BLACK; 3 = HISPANIC; 4 = ASIAN; 5 = AMERICAN INDIAN/ALASKAN NATIVE
6 = HAWAIIAN/OTHER PACIFIC ISLANDER; 7 = TWO OR MORE RACES

U.S. Citizen: Y = YES; N = NO

Disabled: Y = YES; N = NO

"Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of this part, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

Vietnam Veteran: Y = YES; N = NO

"Veteran of the Vietnam-Era" means a veteran, any part of whose active military, naval, or air service was during the period of August 5, 1964 through May 7, 1975 who (1) served on active duty of a period more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from duty because of a related disability.

Other Covered Veterans: Y = YES; N = NO

"Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge was authorized including veterans of other recent conflicts and veterans who served on active duty between December 7, 1941 and April 28, 1952."

Disabled Veteran: Y = YES; N = NO

"Includes persons entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty."

Officer Code: Y = YES; N = NO

Union Code: Enter Union Code, if applicable

EMERGENCY CONTACT INFORMATION

Please provide current, complete information. Relationship codes are as follows:

01 – SPOUSE	05 – OTHER RELATIVE
02 – CHILD	06 – FRIEND
04 – PARENT	07 – OTHER

SPOUSE EMPLOYMENT INFORMATION

Enter information as applicable, noting medical and dental coverages by spouse's employer.