

BANNER ID sent to Division Date:

Personal Data Sheet

Section I: Employee Information								
Last Name:	First Name, Middle Initial:				Social Security Number:			
Date of Birth (MM/DD/YY):	Gender: Male	Female	Female Preferred Name: (For en			Setup)		
Address (Local):		City, State & Zip Code			de			
Phone (Home):	– please indicate): E-mail:							
Section II: Emergency Contact Information (Please remember to update if this information changes.)								
Last Name:	First Nan	First Name, Middle Initial:				Relationship to Employee:		
Phone:	Phone (Oth	Phone (Other – please indicate): E-mail:						
I certify that the information contained on this sheet is accurate.								
Employee's Signature (Required):		Date			Date:			
Job Information Employee's First Day of Work:	Division & Dep	<u> </u>	o be co			mployer/Hiri apervisor (please p	ing Manager)	
Building Code Room #	Office Pho	Office Phone: FOAP:						
Is the employee an Advisor? Yes No Is the employee a Foreign National Living abroad? Yes No								
If employee is a faculty member OR being assigned to a course, please check one of the following:								
Administrative (ADMIN)		Term Faculty (FACTRM)				Call Center (CALCTR)		
Full Time Administrative (ADFAC)		Part-Time Faculty (PTFAC) (JAZZ)				3rd Party Vendor (3RDPRT)		
EE/EE Eligible/EE Track (FACE	·	Teaching Staff (PTFAC) (JAZZ)				Independent Contractor (INCON)		
Visiting Faculty (VSFAC) Non-Teach	~	Fixed-Term Faculty (FXFAC)				Post-doctoral Fellow (POSTDC) Research Scholar/Fellow (RESSCH)		
Renewable Term Appointment (FA Tenure/Ten Eligible/Ten Track (F.						Teaching Graduate (TCHGR)		
Probationary (FACPRB)	ACIEN) Cou) Course Authors w/ Library Privileges (CR3/101)				Web Advisor for Students (WEBADV)		
Part-Time Faculty (PTFAC) (UAW	(V) FPUGLE	Hrly RATE:	F	PGRLE	Hrly RATE:	FPNOCR _	Hrly RATE:	
	FPUGST	Hrly RATE:	<u> — </u>	FPGRST —	Hrly RATE:	- FPPREP -	Hrly RATE:	
Subject Code:	Course No.		Course CRN:			Starting TERM:		
Authorized Division Representa	tive's Signature (F	lequired):	Dat	e:				
HUMAN RESOURCES USE ONLY								
Received Date:		Documents	Received:		Forms	I-9 form	Direct Deposit	

Sent to Payroll Date: