## **EMPLOYEE DATA FORM**

## (ALL DATA MUST BE COMPLETED FOR PAYROLL PROCESSING)

*Last Name:	First	Name:	MI:	Known By:	
Address:				City:	
State:	_Zip: Pł	none:		MaleFe	male
Title: Mr.	Mrs. Miss Ms.	☐Dr. ☐Rev. ☐S	r. Suffix:	DDS Ph	D MD SJ Jr.
Social Security	Number:	Date of Bi	rth:	Status:	Single Married
Department: Hire Date:					
_	led: Yes No  Not a Veteran Disabled Veteran Disabled Vietnam Vet		Baptist Clo Buddhist Catholic Eastern Orthodox Episcopal/Anglica Evangelical		Not Applicable     Jesuit     Non-Jesuit Catholic Clerg     Other Non-Catholic Clerg     Women Religious
	Vietnam Veteran Other Eligible Veterar Other Eligible Disable	n C	]Hindu ]Jewish ]Lutheran ]Methodist	be yo	f you have previously en issued an MUID and ur name has changed, u must submit a Name
Separation Date:	<u>;                                    </u>		Muslim Other Christian Other Non-Christi Presbyterian UCC Not Applicable	ian av Ce Ma	ange Request Form, ailable from the MU ntral web site. A arquette University entification Number IUID) is issued to
Ethnic Origin:	Are you Hispanic or Lating Yes, I am Hispanic or No, I am not Hispanic	Latino		stu	plicants, parents, and
No matter what you selected above, please continue to answer the following question.  What is your Race? (Select one or more)					
☐Asian ☐Black or Africa	an or Alaskan Native In American an or Other Pacific Islando	er			
Highest Degree Obtained: High School GED/HED Associate Bachelor Master PhD DDS MD JD					
Date Received: Institution Name:					
	act Name: umber:		Contact Address: nployee:		

Send completed form to Human Resources IMMEDIATELY (Before Date of Hire) by email, fax or regular mail

(414)288-7305 Fax: (414)288-7425 Email: <a href="mailto:humanresources@marquette.edu">humanresources@marquette.edu</a>