



OFFICE OF HUMAN RESOURCES EMPLOYEE INFORMATION FORM

TO BE COMPLETED BY EMPLOYEE	SOCIAL SECURITY NO.	EMPLOYEE NAME (Last, First, MI)	GENDER	
	PREFERRED NAME	DATE OF BIRTH	ETHNICITY	CITIZENSHIP
	ADDRESS	CITY	STATE	ZIP
	HOME PHONE NUMBER	CELL PHONE NUMBER	PERSONAL E-MAIL ADDRESS	
	HIGHEST DEGREE	DEGREE DATE	SCHOOL OR COLLEGE	
MARITAL STATUS	NAME OF SPOUSE/DOMESTIC PARTNER			
EMERGENCY CONTACTS (Please list two)	RELATIONSHIP	PHONE NUMBER (Specify Work, Home, Cell)		
1.				
2.				
NAME(s) OF COURSES TO BE TAUGHT				
I UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT FULFULL MY OBLIGATION TO THE PAYROLL DEPARTMENT OF UTICA COLLEGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COMPLETE AND SUBMIT NECESSARY PAPERWORK TO PROCESS MY PAYROLL. FAILURE TO DO SO MAY RESULT IN DELAY IN PROCESSING MY WAGES.				
I HEREBY CERTIFY THAT I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE:				
SIGNATURE OF EMPLOYEE:		DATE:		
SIGNATURE OF DEAN:		DATE:		
TO BE COMPLETED BY HUMAN RESOURCES				
JOB TITLE		START DATE		
OFFICE PHONE NUMBER		OFFICE ROOM NUMBER		

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT 315.792.3276

INSTRUCTIONS

Use the following codes when completing the appropriate information

Ethnicity	Citizenship	Marital Status
A-Asian	N-Non-Citizen	D-Divorced
B-Black African American	PR-Permanent Resident	M-Married
H-Hispanic of any race	Y-US Citizen	P-Domestic Partner
I-American Indian/Alaskan Native		S-Single
N-Nonresident Alien		W-Widowed
O -Two or more races		X-Separated
W-White		
P-Pacific Islander/Native Hawaiian		