

Student Employee Personal Data Form

STUDENT EMPLOYEE INFORMATION (Information contained on this form affects payroll/employment records only and a visit to Enrollment Services is required for name/address updates to student records.)				
Employee ID: 940-	Last Name:	First Name:	Preferred First Name:	Former Name (Last, First, Middle):
Middle Name:	Date of Birth:	Date of Birth Correction: <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	
Country of Citizenship:	Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning <input type="checkbox"/> Transgender <input type="checkbox"/> Trans Man <input type="checkbox"/> Trans Woman <input type="checkbox"/> Not Listed <input type="checkbox"/> Decline to State			
Race or Ethnic Identity: <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> I do not wish to self-identify <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Hispanic				

 NEW STUDENT EMPLOYEE - Complete All Fields

 CURRENT STUDENT EMPLOYEE - Complete As Needed

EMPLOYEE ADDRESS INFORMATION			
Home Address:	City, State and Zip Code:	Former Home Address:	City, State and Zip Code:
Mailing Address for W-2 (if different):	City, State and Zip Code:	Former Mailing Address (if different):	City, State and Zip Code:

PHONE		
Home Phone: _____	Cell Phone: _____	Other (Specify): _____

EMERGENCY CONTACT INFORMATION			
Primary Emergency Contact:	Relationship:	Home Phone:	Cell Phone:
Street Address:	City, State and Zip Code:		
Secondary Emergency Contact (optional):	Relationship:	Home Phone:	Cell Phone:
Street Address:	City, State and Zip Code:		

HIRING AND EMPLOYMENT INFORMATION		
Hiring Department Name:	Position Title:	Start Date:
Credit Hours Enrolled for Term:	Select One: <input type="checkbox"/> Federal Work Study <input type="checkbox"/> Non-Work Study <input type="checkbox"/> PEAK	

Direct Deposit, select one:

I want my paycheck Direct Deposited into my account (*must attach voided check or official letter from bank including account and routing information*).

I want to pick-up my paycheck in the Service Center on payday. (690672)

NAME CHANGE – Original Social Security Card is Required AND Completion of I-9 Form		
IRS regulations require the employer to record the employee's name and social security number from the original social security card for the following reasons (IRS Publication 15, Circular E, Employer Tax Guide):		
<ul style="list-style-type: none"> The name (and SSN) are used to identify employee wages for both Social Security Administration and the Internal Revenue Service The name is used to validate that the SSN belongs to the employee The IRS will penalize employers that report incorrect name and SSN information 		
Last Name:	First Name:	Middle Name:

STUDENT EMPLOYEE		
Print Name:	Signature:	Date Signed:

INTERNAL USE ONLY: _____ Org Code _____ BANNER (provide initials)