

Employee Personal Data Form

EMPLOYEE INFORMATION (Information on this form affects only your payroll/employment records. You must visit Enrollment Services, in Britt Hall, or logon to InsideSOU if you need to update your travel card, PCard, or 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 (Legal Sex): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	
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				
Sexual Orientation: <input type="checkbox"/> Asexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Same Gender Loving <input type="checkbox"/> Decline to State <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Pansexual <input type="checkbox"/> Identity Not Listed				
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 EMPLOYEE - Complete All Fields

 CURRENT EMPLOYEE - Complete As Needed

EMPLOYEE ADDRESS INFORMATION (May need to update beneficiary information for PEBB and/or PERS)			
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): _____

HIGHEST LEVEL OF EDUCATION INFORMATION (Current Employees - Please attach support documentation, i.e. transcript or diploma)				
<input type="checkbox"/> High School Education or GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate Degree- Type:		
<input type="checkbox"/> Bachelor Degree- Type:	<input type="checkbox"/> Master Degree- Type:	<input type="checkbox"/> Doctorate Degree- Type:		
Name of College:	Major:	State (U.S.A.):	Other Country:	Date Conferred:

EMERGENCY CONTACT INFORMATION - Attach additional contacts to a separate page. (May need to update beneficiary information for PEBB and/or PERS)			
Primary Emergency Contact:	Relationship:	Home Phone:	Cell Phone:
Street Address:	City, State and Zip Code:		

OREGON PUBLIC EMPLOYEE SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS		
Have you ever been an Oregon PERS or ORP retirement member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the State of Oregon (other than SOU)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES to either of the above, list all applicable information:		Name if different: _____
Agency Name	Location	Dates of Employment

NAME CHANGE – Original Social Security Card is Required AND Completion of I-9 Form (May need to update beneficiary information for PEBB and/or PERS)		
<p>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):</p> <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:

EMPLOYEE		
Print Name:	Signature:	Date Signed:

INTERNAL USE ONLY (Provide Initials): _____ BANNER _____ PEBB _____ PERS _____