

PERSONNEL DATA
NEW HIRE ONLY

PLEASE PRINT OR TYPE ALL INFORMATION

Complete this form after you have accepted an offer of employment and after you have completed DHS Form I-9

EMPLOYEE'S NAME _____				
LAST	FIRST	M.I.	SOCIAL SECURITY # _____	
LEGAL ADDRESS: _____				
NUMBER	STREET	CITY	STATE	ZIP CODE
<i>Post Office Box and School Address are unacceptable</i>				
MAILING ADDRESS: _____				
NUMBER	STREET	CITY	STATE	ZIP CODE
<i>If different than legal address</i>				
TELEPHONE: () _____ () _____ () _____				
BUSINESS	ext.#	HOME	CELLULAR	
FAX _____				

EMAIL ADDRESS _____
Enter your home e-mail address

<u>STATISTICAL DATA</u>				
DATE OF BIRTH	GENDER	MARITAL STATUS		
____/____/____	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	

EMPLOYEE SIGNATURE _____ / _____
(Please sign in ink) Date

NOTE: All employees must complete both W-4 and IT-2104 (or IT-2104E). Students are not automatically exempt from paying taxes. Please read instructions on the withholding forms before forwarding to the Research Foundation, or contact the IRS for additional information.
Non-Resident aliens should contact the **Client Services Payroll Manager** for any special tax considerations.