

PersForm_scchcweb

8/2003

EMPLOYEE DATA MAINTENANCE

| | Date: | | | | |
|---|-------------|--------|-------------------------|-----------|------------|
| Check One (√): | New | Update | Rehire | | |
| Personal Informatio | n: | | | | |
| Name: | | | | Sex: | M F |
| (Last) | (First) | (M | (iddle/Initial) | | |
| Address: | | | | | |
| (Street) | | (City) | (St | ate) | (Zip Code) |
| Phone: () | | Dat | e of Birth: | / / | |
| Social Security #: | | Ma | rtial Status: | Single | Married |
| Department Allocation Department: Supervisor: Position: | | | | | |
| Family Member Info Spouse's Name: Dependent(s)' Name: | 1 | | Sex:M | F | |
| | 2 3 4 | | Sex:M Sex:M Sex:M | F | |
| Emergency Contact | | | | | |
| Contact Person: Phone Number: | (II). | | | | |
| Relationship: | | | | | |
| Have you ever worke If yes, date of last term Department al | nination: | YesNo | | | |
| Signature: | | | | | |
| Upon completion, ple | | | Resources Dep | partment. | |

Form: HR_EmplMaint_99