

EMPLOYEE DATA FORM

EMPLOYEE PROFILE

Employee Name: _____ Today's Date: _____

Home Address: _____ Phone: _____

City/State/Zip: _____ Employee Position _____

Email Address: _____ Employee Location: _____

Social Security #: _____ Effective/Hire Date: _____

Sex: M F Birth Date: _____ EIN# _____ Fingerprint Location/Date: _____

Ethnic Group: 1=Am In 2=Black 3=Asian 4=White 5=Hispanic Marital Status: Single Married Divorced

WAGE AND BENEFIT INFORMATION

Certification:	<input type="checkbox"/> 1-Initial <input type="checkbox"/> 2-Provisional <input type="checkbox"/> 3-Professional	Endorsement Codes: _____	Expiration Date: _____	Tenure Date: _____	Bargaining Unit: <input type="checkbox"/> NEA <input type="checkbox"/> DSAA <input type="checkbox"/> UPSEU <input type="checkbox"/> Paras <input type="checkbox"/> Nurses <input type="checkbox"/> Custodians <input type="checkbox"/> Lunch <input type="checkbox"/> Safety Adv.
Salary Terms:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	Annual: \$ _____ or Hourly: \$ _____ or Per Diem: \$ _____			
Highest Degree Held:	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> MA +30 <input type="checkbox"/> 6th <input type="checkbox"/> EdD/PHD	Column: _____	Step: _____	Stipend: \$ _____	
Benefit Options:	Health <input type="checkbox"/>	Dental <input type="checkbox"/>	Life <input type="checkbox"/>	LTD <input type="checkbox"/>	HSA Funding <input type="checkbox"/>
Pension:	<input type="checkbox"/> TRB <input type="checkbox"/> City	Pension Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No		AFLAC <input type="checkbox"/>	Optional Life <input type="checkbox"/>
Other changes:	<input type="checkbox"/>				

EMPLOYMENT CHANGES

New Hire: Rehire: Job Title: _____ Department: _____

Temporary: Additional Assignment: Start Date: _____ End Date: _____

Work Schedule (if part-time)

	Mon	Tue	Wed	Thur	Fri
Days:					
Hours:					
Location:					

CLASSIFICATION CHANGES

Change	Old Information	New Information
Transfer: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Shift: <input type="checkbox"/>	Shift: _____	Shift: _____
Location: <input type="checkbox"/>	Previous Location: _____	New Location: _____
Salary: <input type="checkbox"/>	Previous Salary: _____	New Salary: _____
FTE Change: <input type="checkbox"/>	Current FTE: _____	New FTE: _____
Assignment Change: <input type="checkbox"/>	Current: _____	New: _____
Name Change: <input type="checkbox"/>	Current: _____	New: _____
Other changes:		

VERIFICATION OF CHANGES (HUMAN RESOURCES ONLY)

APPROVED BY: _____ DATA ENTRY _____

SIGNATURE _____ COMPLETED BY: _____