



OFFICE OF HUMAN RESOURCES EMPLOYEE INFORMATION FORM

TO BE COMPLETED BY EMPLOYEE	SOCIAL SECURITY NO.		EMPLOYEE NAME (Last, First, MI)		
	PREFERRED NAME		DATE OF BIRTH	ETHNICITY	CITIZENSHIP
	ADDRESS		CITY	STATE	ZIP
	HOME PHONE NUMBER		CELL PHONE NUMBER	PERSONAL E-MAIL ADDRESS	
	HIGHEST DEGREE		DEGREE DATE	SCHOOL OR COLLEGE	
	MARITAL STATUS		NAME OF SPOUSE/DOMESTIC PARTNER		
	EMERGENCY CONTACTS (Please list two)		RELATIONSHIP	PHONE NUMBER (Specify Work, Home, Cell)	
	1.				
	2.				
	NAME(s) OF COURSES TO BE TAUGHT:				

I UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT FULFILL MY OBLIGATION TO THE PAYROLL DEPARTMENT OF UTICA COLLEGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COMPLETE AND SUBMIT NECESSARY PAPERWORK TO PROCESS MY PAYROLL. FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING MY WAGES.

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYEE:

DATE:

SIGNATURE OF DEAN:

DATE:

PLEASE FAX THIS COMPLETED FORM TO: OFFICE OF HUMAN RESOURCES 315 792 3386

TO BE COMPLETED BY HUMAN RESOURCES	
JOB TITLE	START DATE
OFFICE PHONE NUMBER	OFFICE ROOM NUMBER

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT 315 792 3276

INSTRUCTIONS

Use the following codes when completing the appropriate information

Ethnicity	Citizenship	Marital Status
A-Asian or Pacific Islander	A1-Diplomatic Visa	D-Divorced
B-Black Non Hispanic	F1-Student Visa	M-Married
H-Hispanic	H1-Speciality Worker	P-Domestic Partner
I-American Indian/Alaskan Native	H4-Dependent of H1	S-Single
N-Nonresident Alien	J1-Exchange Visa	W-Widowed
O-Other	N-Non Citizen	X-Separated
W-White	PR-Permanent Resident	
	TN-NAFTA Professional	
	Y-US Citizen	