

***EMPLOYEE DEMOGRAPHIC FORM***

**PLEASE PRINT**

|  |  |
| --- | --- |
| EMPLOYEE’S LEGAL NAME (LAST, FIRST, MIDDLE INITIAL): | S #: |
| STREET OR P.O. BOX: | CITY: | STATE: | ZIP CODE: |
| HOME PHONE NUMBER: | WORK OR CELL PHONE #: | PERSONAL E-MAIL ADDRESS: |
| personal |  |
|  |

 EMERGENCY CONTACT AND RELATION:

* **Name Change**
* **Address/Phone/ Email Change**
* **Emergency Contact**

  FULL TIME  PART TIME

 ADMINISTRATOR  LIMITED FACULTY  VARIABLE HOURLY  STUDENT HOURLY

 CLASSIFIED  TECH PRO  ADJUNCT INSTRUCTOR WORK STUDY

 FACULTY  TEMP CLASSIFIED

DATE: SIGNATURE:

**HR DEPARTMENT USE ONLY BELOW THIS LINE**

PPAIDEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IT NOTIFIED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTERED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CHECKED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_