

***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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_