Date: _____

EMPLOYEE INFORMATION FORM

(Please Print Clearly)

Social Security Number: _____

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

_____

Last Name First Name Middle Initial

_____ _____

Department Title

Employee Campus Information: Office Extension _____ Office Location _____

Employee Information: New Information? ☐ Yes ☐ No

_____

Current Address of Employee (Number and Street)

_____

City State Zip Code

Home Phone Number: (_____)_____

E-Mail: _____

There are occasions when individuals or on-campus groups request lists of staff including addresses and telephone numbers. We will provide the information, if required, but only the information you consent to having released.

You may release the following:

For Campus Directory

☐ All Information
☐ Name and Address Only
☐ Name Only
☐ Name and Telephone Number Only

For Appropriate Union

☐ All Information
☐ Name and Address Only
☐ Name Only
☐ Name and Telephone Number Only

In case of emergency, who should be contacted?

_____

Last Name First Name

Relationship to Employee _____

Contact Telephone Number: (_____)_____ extension _____

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