

**EMPLOYEE PERSONAL DATA SHEET**

**New Employee**   **Change of Information**   **Annual Update**

*Note: This form replaces all preceding forms. Please complete all sections prior to submitting it to Human Resources.*

**PERSONAL INFORMATION:**

LAST NAME:       FIRST NAME:       MI:

ADDRESS:

CITY:       STATE:       ZIP:

HOME PHONE #      ALTERNATE PHONE #

E-MAIL ADDRESS      ALTERNATE E-MAIL

**EMERGENCY INFORMATION:** In case of emergency, please contact the following individuals:

FIRST CONTACT NAME:       HOME PHONE #

ALTERNATE #      WORK PHONE #

SECOND CONTACT NAME:       HOME PHONE #

ALTERNATE #      WORK PHONE #

**MEDICAL ALERTS:** If you have any medical conditions that we should be aware of please list them below.

**DEGREES AND/OR CERTIFICATIONS:** Please indicate your highest degree and most current certifications. Official transcripts and a copy of the certificate should be on file in the Human Resources Office.

DEGREE       CERTIFICATION

UNIVERSITY      COMPLETION DATE

COMPLETION DATE