NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM – COE / OFX

<u>Please fill out all information except "Work Information" at bottom of page</u>

EMPLOYEE PERSONAL CO	NTACT INFORMATION	N				
Employee Name	Last		First		MI	
Nickname						
Mailing Address*	Street					
(Home address not school)	City, State					
	Zip					
Phone and Email	Phone		Email			
Emergency Contact	Name		Relationship	Phone		
*Mailing address is confidential with the exception that home address of all new or rehired employees is reported to the State of Nevada Department of Employment, Training and Rehabilitation in accordance with NRS 606.120.						
AFFIRMATIVE ACTION INFORMATION						
By Federal mandate this institution		data bel				
Gender Female	Male		Disability Status	us Not Disabled (F) Disabled Individual (T)		
Date of Birth: (mm/dd/yyyy)	Military Dischar	Military Discharge Date: (mm/dd/yyyy)				
Are you Hispanic or Latino? Military Status: Check as many as apply or none.						none.
A person of Cuban, Mexican, Po	Disabled Veteran					
American or other Spanish culture or origin, regardless or race. Other Protected Veteran (Campaign badge list) See list www.opm.gov/veterans/html/vgmedal2.htm						
Yes 🗌	No Armed Forces Service Medal Veteran					
American Indian/Alaska Native						
Racial Category or Categories: Please select the category(ies) with which you most closely identify Black or African American						
(check as many as apply or none). Native Hawaiian/Other Pacific Islander						H
(* ** ** * * * * * * * * * * * * * * *	-,		White	,		
EDUCATION INFORMATION						
Degree	Month/Year	Major		Name of Institution		
LEAD TEACHER/SUPERVISOR/MENTOR PAY INFORMATION						
Teacher license number:			State where license was obtained:			
Social Security Number: will be blacked out once entered into HR System			WCSD Payroll Number:			
(Sign Here)						
OFFICE OF FIELD EXPERIENCES CONTACT INFORMATION						
Department: Office of Field Experiences			ail Stop: 287			
Phone: 784-6248		Fa	ix: 327-2	.323 Ro	om:	2004
Email: ofx@unr.edu						