



## 2015-2016 Federal Work Study Employee Information Form

Employee Number \_\_\_\_\_

Employee Name \_\_\_\_\_  
First Middle Initial Last

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Address \_\_\_\_\_

**New Employee**      **Date of Birth**    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Male     Female      *Physically Handicapped*     Yes     No

Do you consider yourself to be Hispanic/Latino?     Yes     No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native       Asian       Black or African-American  
 Native Hawaiian or Pacific Islander     White

**Education** (check one)

- Less than high school       High school or equivalent       One year of college  
 Vocational diploma       Two years of college       Three-four years of college  
 Associate's degree       Bachelor's degree       Master's degree  
 Doctoral degree       Educational specialist

**Are you a U.S. citizen or a permanent resident alien?**     Yes     No OR non-resident alien?     Yes     No

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*TO BE COMPLETED BY HUMAN RESOURCES*

**Effective Date of Change** \_\_\_\_\_     New employee       Returning employee

**Federal Work-Study Position with** \_\_\_\_\_

<b>Department</b> <u>UFWS</u>	<b>Branch</b> <u>BS</u>	<b>Job Class</b>
<b>Position</b> <u>PSC-UFWS</u>		<b>EEOC Code</b> <u>IV5</u>
<b>Status:</b> <u>STU</u>		<b>Leave Table</b> <u>N/A</u>
<b>Pay cycle</b> <u>PT</u>	<b>Code</b> <u>H</u>	<b>Rate</b> <u>\$8.00</u>
<b>By source</b> <u>25%</u>		<b>Account No.</b> <u>02-131-00-516030-66630</u>
<b>By source</b> <u>75%</u>		<b>Account No.</b> <u>02-131-00-516030-93160</u>
<b>Tax status and exemptions</b>		
	<u>W4</u>	<u>NC4</u>