



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 | |

HR Personnel DATA INPUT:

Colleague: _____