



Personal Data Form (PDF)

Check Employee Type: New Employee* Current Employee Submitting Data Changes

PLEASE TYPE OR PRINT LEGIBLY

V-ID NUMBER	PREFIX	EMPLOYEE LEGAL NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX
Contact your Personnel Administrator for your V-ID #	PREFIX	PREVIOUS LEGAL NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX
Preferred FIRST NAME if different from above:			

NOTE: Legal name used **must** be the name listed with the Social Security Administration. If submitting a **legal name change**:
 1) Insert your **current** legal name **AND** your **previous** legal name in the boxes indicated above.
 2) Fax this form **AND** a **copy** of your Social Security card with your **new legal name** to HR at (804) 827-8250 or e-mail to hrdocs@vcu.edu.

ADDRESS INFORMATION (PPAIDEN)

PERMANENT ADDRESS (HOME – i.e., where W-2 is mailed)

STREET	APT #	CITY	STATE	ZIP CODE + 4
HOME PHONE	CELL PHONE	WORK PHONE	ALL DIGITS IN ZIP CODE + 4 REQUIRED	

WORK CAMPUS BOX ADDRESS (OFFICE)

P.O. BOX	APT #	CITY	STATE	ZIP CODE + 4
ALL DIGITS IN ZIP CODE + 4 REQUIRED				

WORK STREET ADDRESS

STREET	APT #	CITY	STATE	ZIP CODE + 4
ALL DIGITS IN ZIP CODE + 4 REQUIRED				

PERSONAL INFORMATION (PPAIDEN)

DATE OF BIRTH [MO/DAY/YR]	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ETHNICITY: Colleges and universities are asked by many entities, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. To respond to these requests, we ask you to answer the following: 1. Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. In addition, select one or more of the following racial categories to describe yourself: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

RETIREE/TRANSFER STATUS:

ARE YOU A RETIREE FROM VCU OR ANOTHER STATE AGENCY?

YES NO

IF YES, TYPE OF RETIREMENT:

VRS ORP VaLORS

IF YES, DATE OF RETIREMENT: _____

ARE YOU A TRANSFER FROM ANOTHER STATE AGENCY? (NO BREAK IN SERVICE) Yes No

IF YES, LIST AGENCY NAME & PHONE #: _____

EMERGENCY CONTACT INFORMATION - PRIMARY AND ALTERNATE (PPAIDEN)

PRIMARY CONTACT NAME	HOME PHONE	CELL PHONE
HOME ADDRESS: STREET	APT#	CITY
STATE		
ZIP CODE + 4		
ALL DIGITS IN ZIP CODE + 4 REQUIRED		

ALTERNATE CONTACT NAME	HOME PHONE	CELL PHONE
HOME ADDRESS: STREET	APT #	CITY
STATE		
ZIP CODE + 4		
ALL DIGITS IN ZIP CODE + 4 REQUIRED		

EDUCATION INFORMATION (PPAGENL)

EDUCATIONAL LEVEL: CHECK HIGHEST LEVEL ACHIEVED AND YEAR COMPLETED			YR HIGHEST DEGREE REC'D:	# OF YRS – HIGHER ED. TEACHING EXPERIENCE
<input type="checkbox"/> 01. NO HIGH SCHOOL	<input type="checkbox"/> 04. SOME COLLEGE	<input type="checkbox"/> 07. MASTER'S DEGREE		
<input type="checkbox"/> 02. HIGH SCHOOL DIPLOMA	<input type="checkbox"/> 05. ASSOC/DIP DEGREE	<input type="checkbox"/> 08. PROFSNL DEGREE: MD, DDS, JE, etc.		
<input type="checkbox"/> 03. TRADE CERTIFICATE	<input type="checkbox"/> 06. BACHELOR'S DEGREE	<input type="checkbox"/> 09. PHD OR OTHER DOCTORATE		

DEGREE	DEGREE TYPE <i>(Check ONLY ONE)</i>	YEAR REC'D	INSTITUTION	MAJOR	MINOR
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				

PROFESSIONAL LICENSURE INFORMATION (PPACERT)

LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]	LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]

INVITATION TO SELF-IDENTIFY

Virginia Commonwealth University (VCU) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite employees to voluntarily self-identify their ethnicity, race and gender. Providing this information is voluntary and refusing to provide it will not result in any adverse treatment. We will use the information you provide only in ways that are consistent with our obligations under affirmative action and equal employment opportunity laws.

We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race, color, religion, national origin, gender, age, disability, veteran status, genetics, gender identity or expression, or any other status protected by law.

Also, our university is a government contractor subject to Executive Order 11246, Section 503 of the Federal Rehabilitation Act of 1973 (as amended) and the federal Vietnam Era Veterans' Readjustment Assistance Act of 1974 (as amended). These laws require us to take affirmative action to employ and promote qualified women, minorities, people with disabilities and protected veterans. If you have a disability or if you are a protected veteran (explained below) and would like to be included under our Affirmative Action Program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

The information you submit is confidential, except that we may inform supervisors and managers of disability-related work restrictions and accommodations; we may inform first aid and safety personnel in appropriate circumstances of conditions that might require emergency treatment; and we may inform government officials in the context of enforcing affirmative action and other employment laws.

Under our Affirmative Action Program, we carefully consider the job qualifications of all applicants and employees when filling job openings and selecting people for training. VCU periodically reviews its personnel processes to ensure that women, minorities, people with disabilities or protected veterans are not stereotyped in a manner that limits their access to jobs for which they are qualified. If a disability prevents an employee from performing the essential functions of his or her job, the university engages in an interactive process to search for a reasonable accommodation that will allow the person to perform the essential functions of the job.

<p>Veteran Categories (Check all that apply. See the explanation of these categories below.)</p> <p><input type="checkbox"/> Disabled Veteran</p> <p><input type="checkbox"/> Other Protected Veteran of War, Campaign or Expedition: Veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran/Noncombat Veteran who Earned Armed Forces Service Medal</p> <p><input type="checkbox"/> Recently Separated Veteran: Any veteran during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Date of discharge/release: _____</p> <p><input type="checkbox"/> I am not a protected veteran</p> <p><input type="checkbox"/> I don't wish to answer</p> <p>Protected Veteran Status Descriptions You can be covered under more than one category, so please check all that apply on the "Invitation to Self-Identify" above.</p> <ul style="list-style-type: none"> - Disabled Veteran. A veteran who is entitled to compensation (or would be if the person were not receiving military retired pay) for a service-connected disability under laws administered by the U.S. Department of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability. - Other Protected Veteran of War, Campaign or Expedition. A veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of these wars, campaigns and expeditions can be found at http://www.fedshirevets.gov/hire/hrp/vetguide/index.aspx. - Armed Forces Service Medal Veteran/Noncombat Veteran who Earned Armed Forces Service Medal. A veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. This service medal is a noncombat medal that covers significant U.S. military operations that don't encounter foreign armed opposition or imminent hostile action. An explanation and list of operations that qualify for the Armed Forces Service Medal can be found at http://foxfall.com/csm-common-afsm.htm.

Signature: _____
Employee

Date

*** PERSONNEL ADMINISTRATOR (or Designee) completes the following sections for new employees:**

CRIMINAL CONVICTION INVESTIGATION

CHECK ONLY ONE BOX BELOW ...

- THIS POSITION IS NOT SENSITIVE – THE PA HAS LOGGED INTO HIRERIGHT AND ENTERED IDENTIFYING INFORMATION FOR THIS NEW EMPLOYEE.
- THIS POSITION IS SENSITIVE – A FINGERPRINT CHECK HAS BEEN COMPLETED WITH VCU CAMPUS POLICE.
- THIS NEW EMPLOYEE IS ON A VISA AND DOES NOT YET HAVE A SOCIAL SECURITY NUMBER. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.
- THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.
- THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT BUT NO CID CHECK DONE. HIRERIGHT CHECK IS REQUIRED.

FORM I-9

CHECK ONLY ONE BOX BELOW ...

- PA HAS LOGGED INTO HIRERIGHT AND COMPLETED AN ELECTRONIC FORM I-9.
- PA HAS COMPLETED A PAPER FORM I-9 (ONLY PERMITTED IF EMPLOYEE WORKS AT A REMOTE LOCATION AND CANNOT BRING SUPPORTING DOCUMENTS TO VCU FOR REVIEW).
- THIS NEW EMPLOYEE HAS BEEN HIRED TO WORK EXCLUSIVELY IN DOHA, QATAR (VCUQ). NO FORM I-9 IS REQUIRED.
- THIS EMPLOYEE WAS HIRED *ON OR BEFORE* NOVEMBER 6, 1986, HAS MAINTAINED CONTINUOUS VCU EMPLOYMENT AND IS EXEMPT FROM THE FORM I-9 PROCESS.

I certify that I have reviewed the completeness of this Personal Data Form (PDF) and have added any relevant address information as needed.

Signature: _____
Personnel Administrator (or Designee)*

Date

*** Personnel Administrator (or Designee) also must sign this form for new employees.
This form should be included in the new hire paperwork.**