

Name (Last, First, MI): Date of Birth:

Address: Sex: Male Female

City: State: Zip Code:

Home Phone: Are you Hispanic or Latino: Yes

Cell Phone*: If you have identified yourself as Hispanic or Latino, you do not need to select an additional category below. No

In case of emergency contact:

Name:

Phone:

Student ID (U#):

- Optional Race Category:
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

*By providing this information, you authorize us to input the data into MoBull for the purpose of providing University-related emergency notifications via text message. This information will not be used for any other purpose and numbers will not be shared or made available for any other reason.

FOR NON-TEMPORARY, BENEFIT-ELIGIBLE POSITIONS ONLY: I understand I must enroll in benefit programs **within 60 days of my employment begin date**. Failure to enroll within 60 days will be interpreted as my rejection of the plan(s). Inter-Agency transfers may not be eligible to change benefit enrollment status - Contact Benefits Office for details. I also understand that, unless I sign a Pre-Tax Waiver Form within the first 60 days of my employment, pre-tax benefits for the State Health and/or State Life will automatically be initiated. I understand that it is my responsibility to register for and attend the Benefits Orientation held by my Human Resources Office. INITIAL: _____

FOR ALL EMPLOYEES:

I understand that I must sign up for payroll direct deposit within 14 days of my employment as a condition of employment. INITIAL: _____

OTHER STATE OF FLORIDA EMPLOYMENT

Are you currently employed by another university or State agency? Yes No Agency: _____

Are you transferring from another university or State agency? Yes No Agency: _____

Are you receiving State of Florida Retirement benefits? Yes No Date Began Retirement: _____

Have you taken any distributions (including rollovers) under the FRS Investment Plan or Optional Retirement Plan? Yes No
 Date of Distribution or Rollover: _____

STATE OF FLORIDA LOYALTY OATH (Don't sign this oath until you are in the presence of a Notary Public)

I, _____, a citizen of the State of _____ and the county of _____, employed by the University of South Florida and a Recipient of public funds as its employee, do hereby solemnly swear/affirm that I support the Constitution of the USA and the State of Florida.

Employee Signature _____ Date _____

NOTARY

The foregoing instrument was acknowledged before me this (date) _____, by _____ who is personally known to or who has produced _____ as identification and who did (did not) take an oath.

Notary Signature _____

NOTARY STAMP