

Personal Data Sheet



New Employee
 Current Employee

Please Print

Last Name*		First Name		Middle Initial
Date of Birth	SSN - -	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
* Change of name requires appropriate documentation (e.g., marriage license, court document, divorce decree, updated Social Security card or driver's license). Please fill out, if applicable, new beneficiary forms and insurance enrollment forms and return to HR.				
ADDRESS INFORMATION				
Street				
City		State	Zip	Country
Home Phone ()		Cell Phone ()		
EMERGENCY CONTACT				
Emergency Contact Name	Relationship	Phone ()	Cell # ()	
Alternate Emergency Contact Name	Relationship	Phone ()	Cell # ()	
JOB INFORMATION				
Job Title		Department		
Campus Mailing Address		Office Phone #		
Supervisor or Department Chair				
EDUCATION DATA				
Highest Education Level Completed				
<input type="checkbox"/> Less than High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate	<input type="checkbox"/> MD, JD, DDS	
<input type="checkbox"/> High School Diploma or G.E.D.	<input type="checkbox"/> 2 Year College	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Post Doctorate	
<input type="checkbox"/> Tech School Grad	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate		
School Name – Highest Degree Only	Major	Degree	Year Awarded	

Restrictions On the Release of Employee Information

It is the policy of Human Resources to restrict the release of employee data as provided on this Personal Data Sheet to only those parties that have a legitimate business need for the information and/or as required by federal and state law. Any other requests for employee information and salary information will be honored only with the written authorization and permission of the employee.

Do you wish to have your home address, home phone number and/or cell phone number released to other Elms College faculty and staff who may want to contact you? Exception: Phone #s and address will be available to a supervisor/manager/department head or College official for legitimate college-related business.

Yes No

Employee Signature _____ **Date** _____

Processed by HR	_____	_____
	Initials	Date