



**Human Resources
EMPLOYEE DATA SHEET
Please PRINT**

Social Security Number (*only list last 4-digits*): _____

Name: _____
(First) (Middle) (Last)

Home Address _____

City, State, Zip _____

****Mailing Address (if different from shown above)** _____

City, State, Zip _____

****All correspondences, including W-2s and paychecks/stubs, will be sent to this address.**

Phone Numbers:

Home: () _____	Is this your primary phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell: () _____	Is this your primary phone? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Birth (*month & day only*): _____

In case of emergency, contact:

Primary: _____

Telephone Number () _____

Secondary: _____

Telephone Number: () _____

Spouse Name (*if different from emergency contact*): _____

I prefer not to have my personal information included in the College Faculty/Staff directory.

Signature: _____ Date _____

