



# FACULTY PAYROLL INFORMATION SHEET

This form is to be completed by a new employee once a position has been accepted with the University of South Alabama. The information is used to set up new employees in the Payroll System and for federal reporting purposes. Please print.

\_\_\_\_\_  
Name (as it appears on Social Security Card)

\_\_\_\_\_  
Preferred name if different than name above\*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Gender (Male or Female)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY, for example 12/21/1977)

\_\_\_\_\_  
University of South Alabama Issued E-Mail Address (You can sign up for your free campus e-mail account by Accessing this link [https://jagmail.usouthal.edu/cgi-bin/CA/acctreg/gw\\_auth.cgi](https://jagmail.usouthal.edu/cgi-bin/CA/acctreg/gw_auth.cgi). This e-mail account is where all official University correspondence will be sent. Access the account as soon as it is activated and begin checking in regularly).

Citizenship:  
Select one: \_\_\_ Non-Resident Alien  
                  \_\_\_ Resident Alien  
                  \_\_\_ U.S. Citizen

Race/Ethnicity:  
Are you Hispanic/Latino?  
\_\_\_ Yes \_\_\_ No

What is your race?  
Choose any of the following:  
01 White  
02 Black or African - American  
03 American Indian or Alaskan Native  
04 Native Hawaiian or Other Pacific Islander  
05 Asian

Faculty are paid on a monthly basis.

The Social Security **NAME** you provide replaces any other name already in use in the Student, Finance, and/or Alumni components of the USA Banner system.

Have you ever been a student or employee at USA and/or USA HealthCare Management LLC?

Yes or  No

If yes, please provide your **NAME** if different from your present **NAME** as it appears on your Social Security Card. \_\_\_\_\_

I have accepted a position as \_\_\_\_\_, in the

Department of \_\_\_\_\_ effective \_\_\_\_\_, at the

University of South Alabama.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
J Number (HR/AA USE ONLY)