



EMPLOYEE DATA FORM

The following is to be completed by the new employee once a position has been accepted with the University of South Alabama. Human Resources and Payroll will use this data for federal reporting purposes and to provide you with benefits updates, details of University events, and general information.

The information provided is for University business use only.

CURRENT IDENTIFICATION

Social Security Number: _____ **J Number:** _____

If you had a different last name previously as a student or employee, please provide: _____

Please enter your **full** name as shown on your Social Security Card. *Note: Due to federal tax reporting requirements, employee names in our system must exactly match Social Security Administration records, as reflected on your Social Security Card.*

First Name	Middle Name	Last Name	Suffix
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Dr. Mr. Ms. Mrs. Preferred First Name: _____

Family Salutation: _____
(Ex: Mr. and Mrs. John Smith, III)

Home Mailing Address: _____ Apt/Bldg: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

BIOGRAPHICAL

Single Married Date of Birth: _____ **Gender: M F**

Citizenship Status: U.S. Citizen Non-Citizen Permanent Resident

Ethnicity: Hispanic/Latino? Yes No

Race: *Choose all that apply.* White American Indian/Alaska Native

African-American/Black Asian Native Hawaiian/Other Pacific Islander

EMERGENCY CONTACT

First Name: _____ Last Name: _____ Phone #: _____

Relationship to employee: _____

Faculty positions are paid on a **monthly** basis and Staff positions are paid on a **bi-weekly** basis.

Administrative/Executive/Managerial may choose: **Bi-weekly Monthly**

Signature: _____ **Date:** _____