

Employee Personal Data Form

| EMPLOYEE INFORMATION (Information on this form affects only your payroll/employment records. You must visit Raider Student Services, in the SOU Computing Services Center if you need to update your student records.) | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Employee ID: 94- | Last Name: | First Name: | Preferred First Name: | Former Name (Last, First, Middle): |
| Middle Name: | Date of Birth: | Date of Birth Correction: <input type="checkbox"/> Y <input type="checkbox"/> N Date: | Gender (Legal Sex): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State | |
| Personal Pronouns: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> ze/zie/xe/hir/hirs <input type="checkbox"/> any/all <input type="checkbox"/> Decline to State | | | | |
| Gender Identity: <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Genderqueer <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Trans Man <input type="checkbox"/> Trans Woman <input type="checkbox"/> Not Listed <input type="checkbox"/> Decline | | | | |
| Sexual Orientation: <input type="checkbox"/> Asexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Same Gender Loving <input type="checkbox"/> Decline to State <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Pansexual <input type="checkbox"/> Identity Not Listed | | | | |
| Race or Ethnic Identity: <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> I do not wish to self-identify <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Hispanic | | | | |

 NEW EMPLOYEE - Complete All Fields

 CURRENT EMPLOYEE - Complete As Needed

| EMPLOYEE ADDRESS INFORMATION | | | |
|-----------------------------------------|---------------------------|----------------------------------------|---------------------------|
| Home Address: | City, State and Zip Code: | Former Home Address: | City, State and Zip Code: |
| Mailing Address for W-2 (if different): | City, State and Zip Code: | Former Mailing Address (if different): | City, State and Zip Code: |

| PHONE/PERSONAL EMAIL | | |
|----------------------|-------------|-------------------------|
| Home Phone: | Cell Phone: | Personal Email Address: |

| HIGHEST LEVEL OF EDUCATION INFORMATION (Current Employees - Please attach support documentation, i.e. transcript or diploma) | | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|----------------|-----------------|
| <input type="checkbox"/> High School Education or GED | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate Degree- Type: | | |
| <input type="checkbox"/> Bachelor Degree- Type: | <input type="checkbox"/> Master Degree- Type: | <input type="checkbox"/> Doctorate Degree- Type: | | |
| Name of College: | Major: | State (U.S.A.): | Other Country: | Date Conferred: |

| EMERGENCY CONTACT INFORMATION | | | |
|-------------------------------|---------------------------|-------------|-------------|
| Primary Emergency Contact: | Relationship: | Home Phone: | Cell Phone: |
| Street Address: | City, State and Zip Code: | | |

| OREGON PUBLIC EMPLOYEE SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS | | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Have you ever been an Oregon PERS or ORP retirement member? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been employed by the State of Oregon (other than SOU)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES to either of the above, list all applicable information: | | |
| Agency Name | Location | Name if different: Dates of Employment |
| | | |

| NAME CHANGE – Original Social Security Card is Required AND Completion of I-9 Form | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| <p>IRS regulations require the employer to record the employee's name and social security number from the <i>original</i> social security card for the following reasons (IRS Publication 15, Circular E, Employer Tax Guide):</p> <ul style="list-style-type: none"> The name (and SSN) are used to identify employee wages for both Social Security Administration and the Internal Revenue Service The name is used to validate that the SSN belongs to the employee The IRS will penalize employers that report incorrect name and SSN information | | |
| Last Name: | First Name: | Middle Name: |

| EMPLOYEE | | |
|-------------|------------|--------------|
| Print Name: | Signature: | Date Signed: |

INTERNAL USE ONLY (Provide Initials): _____ Workday _____ PEBB _____ PERS