



PERSONAL DATA FORM

To **ADD** new employee, complete ALL fields except those indicating Human Resources Use. To **CHANGE** data, complete Date, SSN, Name, Signature & fields to be changed.

PLEASE PRINT

(Screen 011)

Date: _____ Employee Identification # (SSN): _____ - _____ - _____

Employee Name:

_____ / _____ / _____
First Middle Last Prefix Suffix

Administrative Unit: _____ Ext: _____ MS: _____

Actual Marital Status: _____ S - Single D - Divorced W - Widowed	M - Married P - Separated	Gender: _____ M - Male F - Female	Ethnicity: _____ 1 - White 2 - Black 3 - Hispanic	4 - Asian or Pacific Islander 5 - American Indian or Alaskan Native	Birthdate _____ Mo. / Day / Year
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Do You Have A Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check PRIMARY impairment: <input type="checkbox"/> 01 - Mobility <input type="checkbox"/> 04 - Emotional Disorder <input type="checkbox"/> 02 - Visual <input type="checkbox"/> 05 - Other Disabling Condition <input type="checkbox"/> 03 - Hearing Do you require special accommodations? <input type="checkbox"/> NO <input type="checkbox"/> YES	Veteran Status - <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one <input type="checkbox"/> 1 - Vietnam Era Veteran <input type="checkbox"/> 2 - Disabled Vietnam Era Veteran <input type="checkbox"/> 3 - Veteran - Other <input type="checkbox"/> 4 - Disabled Veteran - Other
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Education Level - Check one <input type="checkbox"/> 11 - Did not graduate high school <input type="checkbox"/> 15 - Associate Degree <input type="checkbox"/> 12 - High school graduate <input type="checkbox"/> 16 - Bachelors Degree <input type="checkbox"/> 12 - Some college <input type="checkbox"/> 18 - Masters Degree <input type="checkbox"/> 12 - Trade Certification <input type="checkbox"/> 20 - Doctoral Degree	According to the Texas Open Records Act of 1973, the name and home address of employees of the state of Texas are considered public information. Indicate how you want the following information released. <input type="checkbox"/> N - No Address, Phone, Social Security Number <input type="checkbox"/> B - Address, Phone, but not Social Security Number <input type="checkbox"/> A - Address, Phone, Social Security Number, & Family Information
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Local Mailing Address _____

City _____ State _____ Zip _____ Area Code / Phone # _____

Emergency Contact Name (Screen 020) _____ Emergency Address/City/State _____ Relationship _____ Area Code/ Phone # _____

Permanent Or Foreign Address, If Different From Local Mailing Address _____

Emergency Foreign Contact Name _____ Relationship _____ Country Code / Phone # _____

Are you related by kinship or marriage to any current employee or member of the Board of Regents of The University of Texas System? Yes No

If yes, Name _____ Relationship _____ Position _____

Have you previously worked for the state of Texas? Yes No If yes, complete the following lines as necessary.

Agency Name	Agency Address	From (Date)	To (Date)

Citizenship Information if Other Than U.S. Citizen or Permanent Resident:

Current Visa Type _____ Visa Expiration Date _____ Passport # _____ Country of Tax Residence _____

I certify that all information I have provided is true and accurate to the best of my knowledge.

EMPLOYEE SIGNATURE _____ DATE _____



PERSONAL DATA FORM

HUMAN RESOURCES USE ONLY:

(Screen 011) Leave Accrual Date _____ Prior State Service: Mos. Prior State Service _____ Mos. Prior UTD Services _____

(Screen 017)

Citizenship Information: Visa Type _____ Exp. Date _____ Alien Reg. # _____ NRA _____ Passport # _____

Citizenship Nationality _____ I-9 Flag _____ Work Eligibility _____ Date of Rec. _____ Author. Exp. Date _____