

NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM

| | | | | | | |
|----------------------|--|--|--|--|---|----------------------|
| Campus | <input type="checkbox"/> DRI <input type="checkbox"/> GBC <input type="checkbox"/> NSHE <input type="checkbox"/> TMCC <input type="checkbox"/> UNR <input type="checkbox"/> WNC | | | | | |
| Action | <input type="checkbox"/> New Employee <input type="checkbox"/> Address Change* <input type="checkbox"/> Name Change** <input type="checkbox"/> Mail Stop Change <input type="checkbox"/> Other | | | | | Effective Date _____ |
| Employee Type | <input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Letter of Appointment | | <input type="checkbox"/> Temporary <input type="checkbox"/> Postdoctoral Scholar <input type="checkbox"/> Medical Resident | | <input type="checkbox"/> Technical <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Volunteer/Adjunct | |
| | Employee ID # (if assigned) _____ | | | | | |

* This form is for human resources and payroll records only. Additional forms are required for insurance /retirement purposes. Contact your human resources office to obtain those forms.
 **For name changes a copy of a new Social Security Card, W-4, insurance change form, and retirement membership change form must be provided to the respective HR Office/Payroll.

EMPLOYEE PERSONAL CONTACT INFORMATION

| | | | |
|--------------------------|---|--------------|-------|
| Employee Name | Last | First | MI |
| Nickname | If changing name, indicate former name here | | |
| Mailing Address* | Street | City, State | Zip |
| Phone and Email | Phone | Email | |
| Emergency Contact | Name | Relationship | Phone |

*Mailing address is confidential with the exception that home address of all new or rehired employees is reported to the State of Nevada Department of Employment, Training and Rehabilitation in accordance with NRS 606.120.

AFFIRMATIVE ACTION INFORMATION

By Federal mandate this institution collects and maintains the data below. Definitions: <http://www.bcn-nshe.org/hr/employment/categories/>

| | | |
|----------------------------------|---|--|
| NEW EMPLOYEE ONLY | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | Disability Status <input type="checkbox"/> Not Disabled (F) <input type="checkbox"/> Disabled Individual (T) |
| | Date of Birth: (mm/dd/yyyy) ____/____/____ | Military Discharge Date: (mm/dd/yyyy) ____/____/____ |
| | Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Yes <input type="checkbox"/> No | Military Status: Check as many as apply or none. <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Protected Veteran (Campaign badge list) See list www.opm.gov/veterans/html/vgmedal2.htm <input type="checkbox"/> Armed Forces Service Medal Veteran |
| | Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | Visa Status: Expiration Date(mm/dd/yyyy) ____/____/____ Type _____ (F-1/J-1/H-1B) Country of Citizenship _____ |

EDUCATION INFORMATION

| Degree | Month/Year | Major | Name of Institution |
|--------|------------|-------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYEE SIGNATURE:

DATE:

WORK INFORMATION TO BE COMPLETED BY THE DEPARTMENT

| | | | |
|------------|-----------|----------|--|
| Department | Mail Stop | Building | |
| Phone | Fax | Room | |
| Cell | Email | | |