

NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM – COE / OFX

Please fill out all information except "Work Information" at bottom of page

EMPLOYEE PERSONAL CONTACT INFORMATION			
Employee Name	Last	First	MI
Nickname			
Mailing Address* (Home address not school)	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/			
Gender	Female	Male	Disability Status Not Disabled (F) 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.		Military Status: Check as many as apply or none. Disabled Veteran Other Protected Veteran (Campaign badge list) See list www.opm.gov/veterans/html/vgmedal2.htm Armed Forces Service Medal Veteran	
Yes		No	
Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none).		American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White	

EDUCATION INFORMATION			
Degree	Month/Year	Major	Name of Institution

LEAD TEACHER/SUPERVISOR/MENTOR PAY INFORMATION	
Teacher license number:	State where license was obtained:
Social Security Number: <small>will be blacked out once entered into HR System</small>	WCSD Payroll Number: E000....
(Sign Here)	Date:

OFFICE OF FIELD EXPERIENCES CONTACT INFORMATION		
Department: Office of Field Experiences	Mail Stop: 287	Building: WRB-080
Phone: 784-6248	Fax: 327-2323	Room: 2004
Email: ofx@unr.edu		