



Personal Information Worksheet- Add or Modify a Person

Effective Date:		Person ID/ Employee ID (if applicable):	
*Name must be entered EXACTLY as printed on Social Security Card			
First Name:	Middle Name/Initial:	Last Name	Previous Last Name:
Prefix (Optional):	Suffix (Optional):	Gender: <input type="radio"/> Male <input type="radio"/> Female	Marital Status (Optional):
Date of Birth:	Birth Country (Optional):	Birth State (Optional):	Birth Location (Optional):
Highest Educational Level:	Education Degree:	Education Field:	
Social Security Number (National ID):			
Address: <input type="radio"/> Home <input type="radio"/> Mailing			
City:	State:	Postal Code:	
Address 2 (Optional): <input type="radio"/> Home <input type="radio"/> Mailing			
City:	State:	Postal Code:	
Primary Phone Type: <input type="radio"/> Campus <input type="radio"/> Cell <input type="radio"/> Dorm <input type="radio"/> Emergency <input type="radio"/> Business <input type="radio"/> Home <input type="radio"/> Main		Phone Number:	
Additional Phone Type (Optional): <input type="radio"/> Campus <input type="radio"/> Cell <input type="radio"/> Dorm <input type="radio"/> Emergency <input type="radio"/> Business <input type="radio"/> Home <input type="radio"/> Main		Phone Number:	
Primary Email Type: <input type="radio"/> Campus <input type="radio"/> Business <input type="radio"/> Dorm <input type="radio"/> Home		Email Address:	
Additional Email Type (Optional): <input type="radio"/> Campus <input type="radio"/> Business <input type="radio"/> Dorm <input type="radio"/> Home		Email Address:	
Ethnic Group (Ethnicity Definitions):	International Employee "US Citizen or Legal Permanent Resident": <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Military Status (Veteran Definitions): *If veteran status is selected, please send a copy of DD214 to campus HR			

This form is designed to assist departments with HCM data entry. The form may be completed online.

Click here to access the [HCM step-by-step guide](#).

Return completed form to sponsoring department- **Not** Employee Services