

Employee Data Update

January 2017 – December 2017

Personal Data:

First Name: _____ Middle Initial: ____ Last Name: _____

Employee ID Number: _____ Home Phone: _____

Cell Phone: _____

Permanent Address:

Street: _____ Apt Number: _____

City: _____ State: ____ Zip Code: _____

Mailing Address (If different from Permanent Address):

Box Number: _____ City: _____ State: ____ Zip Code: _____

Work Information:

Department: _____

Campus Box: _____

Building Location: _____ Work Number: _____

Contact Information:

In case of emergency:

Contact Person: _____ Relationship: _____

Contact Phone Number(s) (If indicating more than one number, please identify first, second, and third choice):

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

In case of death:

Contact Person: _____ Relationship: _____

Contact Phone Number(s) (If indicating more than one number, please identify first, second, and third choice):

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Employee's Signature

Date

Please return this form to the Office of Human Resources, Campus Mail Box 9412 no later than Friday, February 3, 2017.