

Full Name of Employee \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ Position \_\_\_\_\_

SECTIONS BELOW ARE FOR OFFICE USE ONLY

Date Employment Begins \_\_\_\_\_ If Temporary, Date Employment Ends \_\_\_\_\_

Salary \_\_\_\_\_ Hourly  Y  N Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Highest Degree Earned  H.S.  Assoc.  Bachelors  Masters  Doctorate  Other

Payroll Options:

Member of APERS?  Yes  No      Contributory Member:  Yes  No

Member of ATRS?  Yes  No      Contributory Member:  Yes  No

Direct Deposit  Yes  No      Voided Personal Check Attached?  Yes  No

W-4 attached or on file \_\_\_\_\_ SS Card attached or on file \_\_\_\_\_ I-9 attached or on file \_\_\_\_\_

Supervisor  
Signature \_\_\_\_\_ DATATEL Acct. # 30-10-00-40500

Date \_\_\_\_\_

Vice Chancellor  
Signature \_\_\_\_\_ CFO Budget approval  
Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_