

<p><u>Emergency Contact:</u></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone Numbers: (H)(____)_____; (W)(____)_____</p> <p>E-mail: _____</p> <p>Address: _____</p> <p>_____</p>	<p><u>Employee Contact Information:</u></p> <p>Email: _____</p> <p>Office Address – Building _____</p> <p>Room Number _____</p> <p>Research Group Affiliation (<i>if applicable</i>): _____</p> <p>Campus Phone: _____</p> <p>Campus Fax: _____</p> <p>Local Address: _____</p> <p>_____</p> <p>Local Phone: _____</p> <p>Cell Phone (optional, will not be published): _____</p> <p>Permanent Address: _____</p> <p>_____</p> <p>Permanent Phone: _____</p> <p>_____</p> <p><u>Publish Employee Address/Phone in Campus Directory:</u></p> <p>Please select one:</p> <p><input type="checkbox"/> Publish All Information</p> <p><input type="checkbox"/> Do not publish my home address and home phone numbers</p> <p><input type="checkbox"/> Do not publish my home address</p> <p><input type="checkbox"/> Do not publish my home phone number</p> <p>Please select one:</p> <p><input type="checkbox"/> Publish my campus job title, <u>OR</u></p> <p><input type="checkbox"/> Publish my official University title</p>
<p><u>Education</u></p> <p>Institution: _____</p> <p>Degree Earned: _____</p> <p>Discipline: _____</p> <p>Date (mm/yyyy): _____</p> <p>Institution: _____</p> <p>Degree Earned: _____</p> <p>Discipline: _____</p> <p>Date (mm/yyyy): _____</p> <p>Institution: _____</p> <p>Degree Earned: _____</p> <p>Discipline: _____</p> <p>Date (mm/yyyy): _____</p>	
<p><u>Employee Signature:</u> _____</p> <p><u>Date:</u> _____</p>	

Please complete both sides of this form.
EMPLOYEE INFORMATION

(PLEASE PRINT)

Last Name:		First Name:	M.I.	Social Security Number:
Birth Date:		Birth Place:	Citizenship Country:	
Gender:		Marital Status:	***Please complete this section if you are NOT a U.S. citizen***	
Appointment Title:		Permanent Resident Alien (Green Card): <input type="checkbox"/> Yes (# _____) Expiration Date: _____ <input type="checkbox"/> No		
Post-Doc? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Racial Identity (please select one): <input type="checkbox"/> Not Reported, undeclared <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> White		Visa Type (if applicable): _____ Visa Number _____ Visa/I-94 Expiration Date: _____		
Disability Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Country of Residence (for tax purposes): _____ Eligible for Federal Tax Exemption (tax treaty): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Status: (please select one, if applicable): <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Vietnam Veteran (8/5/64 – 5/7/75) <input type="checkbox"/> Special Disability Veteran <input type="checkbox"/> Retired		<input type="checkbox"/> I-797 <input type="checkbox"/> DS-2019 <input type="checkbox"/> I-20 Category (please select one): <input type="checkbox"/> N/A <input type="checkbox"/> Professor, Research Scholar, Specialist <input type="checkbox"/> Student <input type="checkbox"/> International Visitor <input type="checkbox"/> Trainee <input type="checkbox"/> Medical Trainee <input type="checkbox"/> Teacher <input type="checkbox"/> Alien Employee of USA		
<u>Graduate Assistants:</u> If you are seeking a degree from other than the Physics Department, please indicate the department in which you are admitted/enrolled: Department/Institute Name: _____ Contact Phone Number: _____ Regular Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Differential Tuition Remission (e.g., MBA, Masters of Telecommunications)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

Please complete both sides of this form.