



EMPLOYEE DATA SHEET

Complete all sections of this form. The information requested is required by law and needed to establish an employee record for you in the payroll system.

The Employment Services and Operations (ESO) Division is responsible for creating and maintaining an employee record for every UHD faculty, staff, and student employee in the PeopleSoft HR/payroll database. The employee record is used for actions such as processing payroll checks, establishing benefits, and mandatory training.

In order to set up a payroll and benefit record, certain information protected under the Privacy Act of 1974 must be collected. The information collected on the UHD Employee Data Sheet will be used solely for the purposes of creating the employee record in PeopleSoft and providing the Employees Retirement System of Texas (administrators of the Group Insurance Program for the State of Texas) new information for eligibility to participate in the state insurance programs.

ESO is required by law to protect the privacy of your information and may not use the protected information for any purposes other than what is stated herein without your written permission.

EMPLOYEE INFORMATION

Prefix: Dr. Mr. Ms. Mrs. Gender: Male Female Marital Status: Single Married

DATE OF BIRTH

SOCIAL SECURITY NUMBER MONTH DAY YEAR

LEGAL FIRST NAME LEGAL MIDDLE NAME LEGAL LAST NAME

STREET ADDRESS CITY STATE

COUNTY ZIP CODE *HOME PHONE *CELLULAR PHONE *E-MAIL ADDRESS

JOB TITLE HIRING MANAGER

PREVIOUS UHS SERVICE

Are you a current/former UHS employee? Yes No

If yes, provide current/former Employee ID number

Provide former name(s), if any

Are you a current/former UHS student? Yes No

If yes, provide current/former Student ID number

Provide former name(s), if any

DEMOGRAPHICS

EDUCATION LEVEL (HIGHEST)

- HIGH SCHOOL OR G.E.D.
- ASSOCIATE OR CERTIFICATE
- BACHELOR'S
- FIRST PROFESSIONAL
- MASTER'S
- POST MASTER'S
- PROFESSIONAL DOCTORATE
- DOCTORATE
- POST DOCTORATE

DISABILITY STATUS

- *DISABLED, ACCOMMODATION REQUIRED
- DISABLED, NO ACCOMMODATION REQUIRED
- NONE OR DECLINE TO PROVIDE INFORMATION

*Please indicate the type of accommodation required:

RACE/ETHNICITY

(Please select all that apply)

Question 1: Are you Hispanic or Latino/a? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) If you answered yes, choose all Secondaries that apply in question 2; if you answered no, please answer question 2.

- Yes
- No

Question 2: Please select the racial category or categories with which you most closely identify. Choose one Primary (P) and all Secondaries (S) that apply.

- | P | S | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> | <input type="checkbox"/> | Black or African American - A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> | <input type="checkbox"/> | Native Hawaiian or Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> | <input type="checkbox"/> | White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

US VETERAN SERVICE (Please select all that apply)

- Veteran** (served at least 90 days)
- Veteran** (served at least 180 days)
- Vietnam Era Veteran** (active duty sometime between August 5, 1964 and May 7, 1975)
- Special Disabled Vet** (disability compensation rated at 30% or more)
- Disabled Vet** (discharged or released from active duty for a service-connected disability)
- Service Medal Vet** (military operation for which an Armed Forces service medal was awarded)
- Other Protected Vet** (on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized)
- Recently Separated Vet** (within last three years) Separation Date:
- Surviving Spouse** (spouse of a veteran, who was killed while on active duty and who served more than 90 consecutive days, and who has not remarried)
- Orphan** (orphan of a veteran, who was killed while on active and who served more than 90 days)
- Service Medal Vet**

EMPLOYMENT ELIGIBILITY VERIFICATION

I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM (CHECK ONE OF THE FOLLOWING):

A CITIZEN OF THE UNITED STATES

AN ALIEN AUTHORIZED TO WORK UNTIL EXPIRATION DATE: ADMISSION #

A LAWFUL PERMANENT RESIDENT ALIEN # A

PUBLIC ACCESS AUTHORIZATION

If you do not want the University to make your home address, home telephone number, social security number, family and/or emergency contact information available to the public, you must notify the University in writing by completing the section below. Once written notification is received, it will remain in effect until you provide written notice that you wish to reverse your decision. If an employee fails to declare this information as confidential, the information will be subject to public access. This information will be used by the University, however, for official business purposes including mailing correspondence and informational materials to your home.

PLEASE SELECT "NO PUBLIC ACCESS" OR INDICATE WHAT PUBLIC ACCESS SHOULD BE GRANTED TO YOUR PERSONAL INFORMATION.

NO PUBLIC ACCESS

Conceal home address, home telephone number, social security number, family and/or contact information

PUBLIC ACCESS

Disclose home address, home telephone number, social security number, family and/or emergency contact information

Disclose social security number

Disclose home address

Disclose family information

Disclose home telephone number

Disclose emergency contact information

SELECTIVE SERVICE REGISTRATION

Effective September 1, 1999, House Bill 558, Section 651.005 prohibits an agency in any branch of state government from hiring a person as an employee if the person is of the age and gender that would require a person residing in the United States to register with the selective service system under federal law, unless the person presents proof of the person's registration with the selective service system, or proof of the person's exemption from registration with the selective service system.

I am required by law to be registered with the selective service system.

Acknowledgement Card #

Eligible Date:

Expiration Date:

I am exempt from Selective Service Registration because:

I am a female.

I am a male who is not between the ages of 18-25.

I am a lawful non-immigrant on a visa (e.g. diplomatic and consular personnel and families, foreign students, tourists, with unexpired visas).

Other:

EMERGENCY CONTACTS

THESE EMERGENCY NUMBERS ARE MAINTAINED IN EMPLOYMENT SERVICES AND OPERATIONS. IN AN EMERGENCY, I AUTHORIZE ESO OR DESIGNEE TO CALL:

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	ALTERNATE PHONE

PREVIOUS STATE OF TEXAS EMPLOYMENT HISTORY

Do you have previous State of Texas Employment? Yes No

If yes, what retirement plan were you in, please check one: TRS ORP

Are you a State of Texas retiree? Yes No

If yes, please check one: TRS ORP ERS

If you have worked for a State of Texas agency prior to this employment, you are entitled to receive vacation and longevity service credits for that time. Please provide the agency name and approximate dates of employment. Public school districts, junior, and community colleges are not considered state agencies.

STATE AGENCY NAME	AGENCY ADDRESS	DATES OF EMPLOYMENT

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Employee Signature

Date

For Office Use Only

Employee I.D. Number: