

Human Resources - Personal Data Form

Effective Date <input style="width: 150px; height: 20px;" type="text"/> <input type="checkbox"/> New Hire - Complete Entire Form <input type="checkbox"/> Data Update - Indicate Changes Only	Employee Category: <input type="checkbox"/> Administrative <input type="checkbox"/> Research <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Temporary Staff	Campus: <input type="checkbox"/> Gables <input type="checkbox"/> Medical <input type="checkbox"/> Marine	Student Employees: Please make necessary changes to your biographical data by completing a "Change of Address" Form at the Registrar's Office or by submitting the new information in writing.
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"University policy prohibits employees from conducting business (not related to regular employment) with the University itself. Do you own or have ownership interest in a business that sells products or services to the University? Yes No

Are you currently engaged in any business relationship with the University? Yes No

If you answered "YES" to either of these questions, please attach an explanation."

Do you have any relatives employed at UM? Yes No

These include: spouse, domestic partner (as certified by the UM Benefits Administration Office), children, stepchildren, parent, stepparent, grandparent, brother/sister, half-brother/half-sister, grandchildren, uncle, aunt, niece, nephew, first cousin, the following in-laws: mother, father, sister, brother, son, or daughter. Also included are foster children and other relatives living in the same household as you. If "YES," please list the names and departments:

USE THE PDF CODES ON PAGE 3 TO COMPLETE THIS FORM

Biographical Information Name must be exactly as shown on your Social Security Card (Documentation is required for name change)

SSN/UM ID#	Birth Date	Prefix	Last Name	First Name	MI	Suffix
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Preferred First Name <input style="width: 90%;" type="text"/>	Former name if this is a name change <input style="width: 90%;" type="text"/>
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Birth City	Birth State/Province	Birth Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Gender	Marital Status	Disability	Citizen Status	Citizen Country
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do you consider yourself to be Hispanic or Latino?

Yes No

In addition, select one or more of the following racial categories to describe yourself:

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

Visa Type	Visa ID	Original Visa Date	Visa Expire Date	Visa Extend Date	Alien Registration Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Work Cell	US Work Fax	Work Beeper	Prefer Mail Delivered to Address:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> CU (Current/Local) <input type="radio"/> PE (Permanent)

Veteran Status	Are you an Armed Forces Service Medal Veteran?	Are you a disabled veteran?	Please State Discharge Date
<input style="width: 100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Emergency Contact Information

	Prefix	Last Name	First Name	Middle Name	Suffix	Relationship
Spouse	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Emergency Contact	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address Information

UM Work Address

Building	Room #	Department	Other Address (<i>for off-campus addresses ONLY</i>)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
City	State/Province	Zip Code	Locator Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Type	Area Code	Phone Number	Extension		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-Mail Address	<input type="text"/>				

Permanent Address (PE) The street address at which you live. *It cannot contain Post Office Box numbers.*

Street Address, Apt., Building, etc. (P.O. Boxes not permitted)		City	State/Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Zip Code	Country	UM Telephone Directory (<i>If left blank, both will be published</i>)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Type	Area Code	Phone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current/Mailing Address (CU) The address to which you want UM mail to be sent. *It may contain Post Office Box numbers.*

Select if same as Permanent Address

Street Address, Apt., Building, etc. (P.O. Boxes permitted)		City	State/Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Zip Code	Country	UM Telephone Directory (<i>If left blank, both will be published</i>)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Type	Area Code	Phone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Address (EM) This information is used only in the case of an emergency (i.e., injury).

Select if same as Permanent Address

Street Address, Apt., Building, etc.		City	State/Province		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Zip Code	Country	Phone Type	Area Code	Phone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks

Signatures Required

Employee	<input type="text"/>	Supervisor	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

PDF CODES

State			
Code	Full Name	Code	Full Name
AK	Alaska	NB	Nebraska
AL	Alabama	NC	North Carolina
AR	Arkansas	ND	North Dakota
AZ	Arizona	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NV	Nevada
DE	Delaware	NY	New York
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
HI	Hawaii	OR	Oregon
IA	Iowa	PA	Pennsylvania
ID	Idaho	PR	Puerto Rico
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
KS	Kansas	SD	South Dakota
KY	Kentucky	TN	Tennessee
LA	Louisiana	TX	Texas
MA	Massachusetts	UT	Utah
MD	Maryland	VA	Virginia
ME	Maine	VT	Vermont
MI	Michigan	WA	Washington
MN	Minnesota	WI	Wisconsin
MO	Missouri	WV	West Virginia
MS	Mississippi	WY	Wyoming
MT	Montana		

Province	
Code	Full Name
AB	Alberta
BC	British Columbia
LB	Labrador
MB	Manitoba
NB	New Brunswick
NF	New Foundland
NS	Nova Scotia
NT	Northwest Territories
ON	Ontario
PE	Prince Edwards Islands
PQ	Quebec
SK	Saskatchewan
YK	Yukon Territory

Ethnic Origin	
Code	Description
I	American Indian or Alaska Native
A	Asian
B	Black or African American
P	Native Hawaiian or Other Pacific Islander
W	White

Marital Status

Code	Description
D	Divorced
M	Married
S	Single
W	Widowed

Disability

Code	Description
A	Non-Ambulatory (Wheelchair)
B	Semi-Ambulatory
C	Coordination Impaired
D	Sight Impaired
E	Hearing Impaired
F	Speech Impaired
G	Learning Impaired
H	Mental or Psychological
M	Multi-Disability (More than One)
N	No Disability

Citizenship Status

Code	Description
A	Asylum
C	US Citizen-Born in US
F	Foreign Citizen-Non-Resident
M	US Citizen-Foreign Born to US Citizens, e.g., Military
N	Naturalized Citizen
O	Other, such as refugee
P	Foreign Citizen-Permanent Resident

Visa Type	
Code	Description
A1	Ambassador Public Minister
A2	Other Foreign Govt. Off. & Imm. Family
B1	Foreign Country Residence Business
EA	Temporary Employment Authorization
E3	Australian
F1	Student in Academic/Language Program
G1	Rep. Intern. Org. Family Members
G2	Other Representative Recog. Govt.
G3	Non-Recog. Govt. Representative
G4	Int. Org. Employee/Family
H1	Service Exceptional Nature
J1	Exchange Visitor
O1	Workers of Extraordinary Ability
P	Parolees, Refugees, Asylum
R1	Resident
R2	Applying for Residency
TN	NAFTA

Veteran Status	
Code	Description
K	Korea Veteran
N	Non-Veteran
O	Veteran, Others
V	Veteran Vietnam Era

Are you a disabled veteran?

Code	Description
N	No
P	Disabled Vietnam Era Veteran
Z	Disabled Veteran-Other

Emergency Contact Relationship

Code	Description
AU	Aunt/Uncle
BS	Brother/Sister
CH	Child
CO	Cousin
DP	Domestic Partner
FA	Father
FR	Friend
GC	Grandchild
GR	Grandparent
GU	Guardian
MF	Mother/Father
MO	Mother
OT	Other
SF	Stepfather
SM	Stepmother
SP	Spouse

Phone Type

Domestic
Foreign

Privacy - UM Telephone Directory

Code	Description
A	Home Address Will Not Be Published
T	Home Telephone Will Not Be Published
B	Both Will Not Be Published (IF LEFT BLANK, BOTH WILL BE PUBLISHED)