

Updated: 9/3/2009

## PERSONNEL ACTION NOTICE

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Employee ID: \_\_\_\_\_

New/rehires should complete all information blocks. For data changes complete only applicable fields.

Please indicate the required personnel action.

\_\_\_\_\_ **NEW HIRE**

\_\_\_\_\_ **REHIRE**

\_\_\_\_\_ **DATA CHANGE**

**US LOCAL STREET ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL PROFILE:**

Gender  Male  Female

Birth Date: \_\_\_\_\_

Marital Status  Single  Married

Student Data:  Half-Time Student

Birth Country: \_\_\_\_\_

**EMAIL/PHONE:**

Email Type: \_\_\_\_\_

Phone Type: \_\_\_\_\_

Phone Type: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EDUCATION LEVEL:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Less than HS Diploma               | <input type="checkbox"/> Technical School        | <input type="checkbox"/> Some Graduate School  | <input type="checkbox"/> Doctorate (Professional) |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> 2-Year College Degree   | <input type="checkbox"/> Master's Level Degree | <input type="checkbox"/> Post Doctorate           |
| <input type="checkbox"/> Some College                       | <input type="checkbox"/> Bachelor's Level Degree | <input type="checkbox"/> Doctorate (Academic)  |   |
| <input type="checkbox"/> Other: _____                       |  |  |   |

**ETHNIC GROUP:**

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

**DISABILITY STATUS:**

- |  |   |
|--|---|
| <input type="checkbox"/> No Disability | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Disabled      |   |

**MILITARY STATUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Armed Forces Service Metal Veterans | <input type="checkbox"/> Special Medal & Other Veteran |
| <input type="checkbox"/> No Military Service                 | <input type="checkbox"/> Veteran of the Vietnam era    |
| <input type="checkbox"/> Other Protected Vet                 | <input type="checkbox"/> Vietnam & Other Protected Vet |

Military Discharge Date: \_\_\_\_\_

**I hereby certify that all of the above information is true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_