



Employee Data and Emergency Contact Information

Legal Name: _____
First Middle Last

Preferred Name: _____
First Last

Contact Numbers: _____
Home Phone Cell Phone

Staff Faculty Temporary Special Affiliate / Full-Time Part-Time

New Job Title: _____ Department: _____

Benefits Department Information

Marital Status Single Married Domestic Partner

Gender Female Male Date of Birth: _____

Permanent Residence (Home) Address Mailing Address Same as Permanent Residence (Home)

Street Line 1: _____ Street Line 1: _____

Street Line 2: _____ Street Line 2: _____

City: _____ City: _____

State/Country: _____ State/Country: _____

Zip/County Code: _____ Zip/Country Code: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Same as Permanent Residence (Home) Address: _____

City: _____ State/Country: _____ Zip/Country Code: _____

For HR Department Use Only:

- CWID # _____ Form I-9 with unexpired ID Background Check Authorization
- Form W-4 Payroll Direct Deposit Authorization Form DE-4
- OPE Union Dues Authorization Card Part-Time Employee Benefits/Insurance Waiver Offer Letter