

# Human Resources - Personal Data Form

|   |  |   |  |
|---|--|---|--|
| Effective Date <input style="width: 150px; height: 20px;" type="text"/><br><br><input type="checkbox"/> New Hire - Complete Entire Form<br><br><input type="checkbox"/> Data Update - Indicate Changes Only | Employee Category:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Research<br><input type="checkbox"/> Staff <input type="checkbox"/> Faculty<br><input type="checkbox"/> Temporary Staff | Campus:<br><input type="checkbox"/> Gables<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Marine | <b>Student Employees:</b><br>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. |
|---|--|---|--|

"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                      |   |   | Former name if this is a name change      |   |   |   |
| <input style="width: 100%;" type="text"/> |   |   | <input style="width: 100%;" type="text"/> |   |   |   |
| 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:

American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander

Asian     White

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 |
|--------------------------|---|---|---|---|---|--------------|
| <b>Spouse</b>            | <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"/> |              |
| <b>Emergency Contact</b> | <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"/> |  |
| Phone Type           | Area Code            | Phone Number         | Extension  |                      |  |
| <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. ( <b>P.O. Boxes not permitted</b> ) |                      | 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. ( <b>P.O. Boxes permitted</b> ) |                      | 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"/> | 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                                   |
| J2   | Spouse or dependent of J-1 with US work privileges |
| 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) |