

Employee Data Form

Please complete this form and send it to the Human Resources Office in Fowler Hall. Also use this form to UPDATE University records with changes to your name, address, and phone or fax numbers, e-mail address(es), or department information. While it is important for the University to have home and work information, we will protect your privacy. **Please complete this form in its entirety.**

Part I, Employee Data Form

Campus Information:

Dr. Mr. Ms. Name*: _____

Adjunct Affiliate Fulltime Faculty Part-time Staff Fulltime Staff

Position Title: _____

Department: _____ Date of Hire: _____

Office Location, Building: _____ Room #: _____

Telephone Number (include 3-digit prefix): _____

Facsimile Number (include 3-digit prefix): _____

Eastern University E-mail Address: _____

Home Information:

Employee Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Mailing Address: _____

Spouse's Name: _____

Telephone Number (include area code): _____

Facsimile Number (include area code): _____

E-mail Address: _____

* A *change in name* does require official documentation (i.e. marriage license); for internal identification purposes, please indicate your *former* name as well as any change. Thank you.

Part II, Employee Data Form

The following information is requested for payroll and benefit enrollment purposes. This information will be kept in your personnel file and **will not** be distributed to others outside of Payroll or Human Resources.

Emergency Contact:

Contact Name #1: _____

Relationship to you: _____

Phones, Day: _____ Evening: _____

Cell, pager, etc: _____

Contact Name #2: _____

Relationship to you: _____

Phones, Day: _____ Evening: _____

Cell, pager, etc: _____

