EMPLOYEE'S INFORMATION	NEW EMPLOYEE DATA SHEET
SOCIAL SECURITY NO. EID#	NEW LINEOTEE DATA SHEET
Employee FIRST NAME. MI LAST NAME.	
BIRTHDAY (MM-DD-YY) HOME TELEPHONE NO. (include area code)	ETHNIC (check one) GENDER WHITE BLACK HISPANIC AMERICAN INDIAN OR ASIAN OR NATIVE AMERICAN PACIFIC ISLANDER
	MITTER DESIGNATION NATIVE AMERICAN PACIFIC ISLANDER
M M — D D — Y Y	
CELL TELEPHONE NO. (include area code) OTHER TELEPHONE NO. (include)	de area code) TYPE
	le alea code)
ADDRESS LINE 1 (street address)	
ADDITEOS LINE I (Siledi addiess)	
ADDDECC LINE O (sat # and/saffee) (satisfied)	
ADDRESS LINE 2 (apt. # and/or floor) (optional)	
Town.	
CITY	STATE ZIP CODE
EMAIL ADDRESS	
e . x a _ m p - l e @ e . m a i l . n e t	
EMERGENCY CONTACT INFORMATION	
FIRST NAME MI LAST NAME	
ADDRESS LINE 1 (street address)	
CITY	STATE ZIP CODE
	-
HOME TELEPHONE NO. (include area code) WORK TELEPHONE NO. (include area code)	nclude area code) EXTENSION
	<mark>-</mark>
RELATIONSHIP	

		SOURCE USE ONLY		
EMS - EMPLOYEE	BASIC INFORMATION			
OFFICE PHONE:				
LOCATION:				
SUB LOCATION:				
PAY LOCATION:				
ASSIGNMENT:				
CURRENT HIRE D	DATE:	- Y Y		
SENIORITY DATE	E: M M - D D	_ Y Y		
	TAXING JURISDICTION th employee th employee	ARITAL STUTAS NUMBER OF EXE	MPTION	
EMS - EMPLOYEE	ASSIGNMENT/CONTRACT TRO OT BUDGET & FORECA	ST		
JOB CODE	TABLE GRADE		NCUMBERED? FTE PERCENT	
	ACCOUNT CODE	DISTRIBUTION	N PERCENT	
HMS - POSITION	INVENTORY			
POSITION CODE	DEPT CODE ASSIGNMENT COD	DE JOB TITLE CODE M	IISC. CODE GRADE MIN GRADE MA:	
CERTIFICATION INFORMATION				
CERTIFICATE NAME: _	CERTIFICATE TYPE:			
ISSUE DATE::	EXPIRATION DATE:	TRACKING NO.:	CERTIFICATE NO.:	
CERTIFICATE NAME: _	CERTIFICATE TYPE:			
	EXPIRATION DATE:			
CERTIFICATE NAME: _	CERTIFICATE TYPE:			