THE NEW SCHOOL
A UNIVERSITY

Banner ID: N _____

Personal Data Sheet

Section I: Employee Information

Last Name:	First Name, Middle Initial:	Social Security Number:

Date of Birth (MM/DD/YY):	Gender: ☐ Male ☐ Female	Other Name(s) Under Which Records May Be Found:

Address (Local):	City, State & Zip Code

Phone (Home):	Phone(Other – please indicate):	E-mail:

Section II: Emergency Contact Information (Please remember to update if this information changes.)

Last Name:	First Name, Middle Initial:	Relationship to Employee:

Phone:	Phone (Other – please indicate):	E-mail:

I certify that the information contained on this sheet is accurate.

Employee's Signature (Required):	Date:

Job Information (To be completed by the Employer/Hiring Manager)

Employee's First Day of Work:	Division & Department:	Employee's Supervisor (please print):

Building Code	Room #	Office Phone:	FOAP:

Is the employee an Advisor? ☐ Yes ☐ No | Is the employee a Foreign National Living abroad? ☐ Yes ☐ No

If employee is a faculty member OR being assigned to a course, please check one of the following:

☐ Administrative (ADMIN)	☐ Full Time Administrative (ADFAC)	☐ Independent Contractor (INCON)
☐ 3rd Party Vendor (3RDPRT)	☐ Course Authors w/Library Privileges (CRSAUT)	☐ Post-doctoral Fellow (POSTDC)
☐ Full-Time Faculty (FTFAC)	☐ Fixed-Term Faculty (FXFAC)	☐ Research Scholar/Fellow (RESSCH)
☐ Visiting Faculty (VSFAC) Non-Teaching	☐ Teaching Fellow (TCHFEL)	☐ Teaching Graduate (TCHGR)
☐ Part-Time Faculty (PTFAC) (JAZZ)	☐ Teaching Staff (PTFAC) (JAZZ)	☐ Web Advisor for Students (WEBADV)

☐ Part-Time Faculty (PTFAC) (**UAW**)

○ FPUGLE	_____ Hrly RATE:	○ FPGRLE	_____ Hrly RATE:	○ FPNOCR	_____ Hrly RATE:
○ FPUGST	_____ Hrly RATE:	○ FPGRST	_____ Hrly RATE:	○ FPPREP	_____ Hrly RATE:

Subject Code: _____ **Course No.** _____ **Course CRN:** _____ **Starting TERM:** _____

Authorized Division Representative's Signature (Required):	**Date:**

Print Form

HUMAN RESOURCES USE ONLY

Received Date:	Documents Received: TAX Forms I-9 form Direct Deposit
BANNER ID sent to Division Date:	Sent to Payroll Date: