

Personal Data Sheet

Section I: Employee Information				
Last Name:		First Name, Middle Initial:		Preferred Name:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer			
Address (Local):		City, State:		Zip Code:
Primary Phone:	Phone Type:	Additional Phone:	Phone Type:	E-mail:
Section II: Emergency Contact Information				
Last Name:		First Name, Middle Initial:		Relationship to Employee:
Primary Phone:	Phone Type:	Additional Phone:	Phone Type:	E-mail:
I certify that the information contained on this sheet is accurate.				
Employee's Signature (Required):				Date:

Job Information (To be filled out by the Employer/Hiring Manager)			
Employee's First Day of Work:		Division & Department:	Employee's Supervisor (please print):
Building Code:	Costing Allocation:		
Employee Type, select one:			
Non-Union Positions <input type="checkbox"/> Administrative <input type="checkbox"/> Student <input type="checkbox"/> Temp	Union Staff Positions <input type="checkbox"/> 1205 Clerical <input type="checkbox"/> 1205 Professional <input type="checkbox"/> 32BJ Maintenance <input type="checkbox"/> 32BJ Security <input type="checkbox"/> Local 94 Engineers	Faculty Positions <input type="checkbox"/> Full-Time Faculty <input type="checkbox"/> Part-Time Faculty 7902 <input type="checkbox"/> Part-Time Faculty 802 <input type="checkbox"/> Part-Time Faculty Teaching Staff	Student Union Positions <input type="checkbox"/> Course Assistant <input type="checkbox"/> Research Assistant <input type="checkbox"/> Research Associate <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Teaching Fellow <input type="checkbox"/> Tutor
FOR PART-TIME FACULTY ONLY:			
Select a category & enter rate:			
<input type="checkbox"/> Undergraduate Lecture: _____		<input type="checkbox"/> Non-Credit: _____	
<input type="checkbox"/> Graduate Lecture: _____		<input type="checkbox"/> Mannes Prep: _____	
<input type="checkbox"/> Undergraduate Studio: _____		<input type="checkbox"/> Jazz Private Lesson: _____	
<input type="checkbox"/> Graduate Studio: _____		<input type="checkbox"/> Jazz Classroom: _____	
Authorized Division Representative's Signature (Required):		Date:	