



HUMAN RESOURCES

University Computing Services
MARSHALL UNIVERSITY
NEW EMPLOYEE PERSON DATA ENTRY FORM

*** REQUIRED**

| | | | |
|------------------------------------------------|--|------------------------|--|
| * U.S. Social Security Number | | MU ID Number | |
| * Last Name | | * First Name | |
| Middle Name/Middle Initial | | Prefix (As Applicable) | |
| Name Suffix (As Applicable) | | Preferred First Name | |
| * Full Legal Name (as on Social Security Card) | | | |

Biographical information required to establish employee status:

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| * Date of Birth | | * Ethnicity: <input type="checkbox"/> 1 – Hispanic or Latino <input type="checkbox"/> 2 – Not Hispanic or Latino | |
| * Race (Two or more races may be selected): <input type="checkbox"/> A – American Indian or Alaskan Native <input type="checkbox"/> B – Asian <input type="checkbox"/> C – Black or African American <input type="checkbox"/> D – Native Hawaiian or Other Pacific Islander <input type="checkbox"/> E – White | | | |
| Legal Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available | | Personal Pronoun | |
| Gender Designation <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other gender designation | | <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other Pronoun Set | |
| Citizenship <input type="checkbox"/> Yes – U.S. Citizen <input type="checkbox"/> No – Not U.S. Citizen | | | |
| Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Check One: <input type="checkbox"/> Protected Veteran Only <input type="checkbox"/> Vietnam Veteran Only <input type="checkbox"/> Both Vietnam /Other Eligible Veteran <input type="checkbox"/> Special Disabled Veteran | | | |

| | | | | |
|----------------------------|------------------|---------------------------------------------------------|--|-----------------------|
| Address Type | HOME (PR) | From Date (known effective date that employment starts) | | |
| Address Line 1 | | | | |
| Address Line 2 (as needed) | | | | |
| Address Line 3 (as needed) | | | | |
| City | | State | | ZIP |
| County of Residence | | Home Area Code | | Home Telephone Number |
| Work Email (if known) | | | | |

| | | | | |
|----------------------------|------------------|---------------------------------------------------------|--|-----------------------|
| Address Type | Work (WK) | From Date (known effective date that employment starts) | | |
| Address Line 1 | | | | |
| Address Line 2 (as needed) | | | | |
| Address Line 3 (as needed) | | | | |
| City | | State | | ZIP |
| County of Residence | | Home Area Code | | Home Telephone Number |
| Work Email (if known) | | | | |

| | |
|---------------------------|--|
| Requested by (print name) | |
| Requested by (signature) | |