DEPAUW UNIVERSITY
EMPLOYEE PERSONAL INFORMATION FORM
(Please Print)

PLEASE INDICATE:   ___ NEW EMPLOYEE   ___ CHANGE*   ___Address ___Phone ___Name

Title:   Dr. __  Mr. __  Ms. __

Name:    ____________________________  ____________________________  ____________________________
          (Last)  (First)  (M.I.)  (Previous)

Address: __________________________________________________________

City: ____________________________  State: _____  County: ________________  ZIP: ______

Home Phone: __________  Cell Phone: __________________  E-Mail: __________________

Country of Birth: United States __  Other ____________________________

Highest Degree Earned: _______  Year: ___  School: ____________________

ETHNICITY:   ___ Hispanic or Latino   OR   ___Not Hispanic or Latino (Please specify below)

RACE:   ___ American Indian or Alaskan Native
        ___ Asian
        ___ Black or African-American
        ___ Native Hawaiian or Other Pacific Islander
        ___ White
        ___ Two or More Races

GENDER: (Based on Social Security Records)   Male __  Female __

EMERGENCY CONTACT INFORMATION

Name: __________________________________________________________

Relationship: __________________________________  Phone: __________________

* CHANGE OF NAME: Requires the original of the new Social Security Card be presented to the
Human Resources office in person.

1. Changes will be automatically processed by Human Resources for personnel records, payroll, health insurance and life insurance.
2. Change of name and/or address with retirement companies (TIAA-CREF, Fidelity Investments, American Century, AIG Valic) must be made by you directly with your retirement company.
3. If you wish a new ID to reflect a name change, please wait three (3) business days after signing this form and then go to the Campus ID office for a new card.
4. Submitting a Change of Name will not automatically result in a change of University e-mail address. You must specifically request the change by contacting the IS Help Desk.

_________________________________________  ______________________
Signature                  Date