

EMPLOYEE DATA SHEET

Complete all sections of this form. The information requested is required by law and needed to establish an employee record for you in the payroll system.

The Office of Human Resources is responsible for creating and maintaining an employee record for every UHCL faculty, staff, and student employee in the PeopleSoft HR/payroll database. The employee record is used for actions such as processing payroll checks, establishing benefits, and facilitating mandatory training.

In order to set up a payroll and benefit record, certain information protected under the Privacy Act of 1974 must be collected. The information collected on the UHCL Employee Data Sheet will be used solely for the purposes of creating the employee record in PeopleSoft and providing the Employees Retirement System of Texas (administrators of the Group Insurance Program for the State of Texas) new information for eligibility to participate in the state insurance programs.

The Office of Human Resources is required by law to protect the privacy of your information and may not use the protected information for any purposes other than what is stated herein without your written permission.

EMPLOYEE INFORMATION

Prefix: Dr. Mr. Ms. Mrs. Gender: Male Female Marital Status: Single Married
 Divorced Widowed
 Separated

DATE OF BIRTH

SOCIAL SECURITY NUMBER	MONTH	DAY	YEAR

FIRST NAME	MIDDLE NAME	LAST NAME

STREET ADDRESS	CITY	STATE

COUNTY	ZIP CODE	*PREFERRED PHONE	*E-MAIL ADDRESS

JOB TITLE	HIRING MANAGER

PREVIOUS UHS SERVICE

Are you a current/former UHS employee or student? Yes No

If yes, provide current/former Employee/Student ID Number:

Please provide former name(s), if any:

DEMOGRAPHICS

Citizenship Status:

Authorized Alien Temp Permanent Resident U.S. Citizen

Education Level (HIGHEST)

Less than HS Graduate High School Grad or Equal Some College
 Technical School 2 Yr. College Degree Bachelor's Level Degree
 Some Graduate School Master's Level Degree Doctorate (Academic)
 Doctorate (Professional) Post-Doctorate First Professional
 Post Master's Specialist

* Required

Current US VETERAN Status (Please select all that apply)

- a) I served on active duty for a period of more than 90 days. (State regulation)
- b) I served on active duty for a period of more than 180 days. (Federal regulation)
- c) I am a veteran with a disability whose disability is service connected.
- d) I am a surviving spouse of a veteran, who was killed while on active duty and who served more than 90 consecutive days, and who has not remarried.
- e) I am an orphan of a veteran, who was killed while on active duty and served more than 90 consecutive days.
- f) I am not a veteran who served on active duty for more than 90 days, surviving spouse or a veteran, an orphan of a veteran, or wish to identify myself as such.

Veteran Status-Section 2 (Only for those who checked a, b, c, or d above)

- g) I was on active duty sometime between August 5, 1964 and May 7, 1975. (Vietnam Era Veteran)
- h) I am a veteran of a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. (Service Medal Veteran)
- i) I am listed as an Other Protected Veteran, who served in the military, ground, naval, or air force service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. (Other Protected Veteran)
- j) I am not a Vietnam Era Veteran, Service Medal Veteran, or Other Protected Veteran.
- k) I received an honorable discharge. Yes No

Veteran Status-Section 3 (Only for those who checked an item in Section 2)

- l) I qualify for disability compensation under laws administered by the Veterans Administration for a disability rated at 30% or more. (Special Disabled Veteran)
- m) I am (1) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability. (Disabled Veteran (JVA))
- n) I am a veteran who served on active U.S. duty and was released or discharged within the last 3 years.

Discharge Date :(mm/dd/yyyy)

RACE/ETHNICITY (Please select all that apply)

- 1) Are you Hispanic or Latino? Yes, I am Hispanic or Latino No, I am not Hispanic or Latino
- 2) What is your race/ethnicity? You may select one or more from the choices below, with one selected as primary.
- | | | | |
|--|-------------------------------|--|-------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="radio"/> Primary | <input type="checkbox"/> Asian | <input type="radio"/> Primary |
| <input type="checkbox"/> Black or African American | <input type="radio"/> Primary | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="radio"/> Primary |
| <input type="checkbox"/> White | <input type="radio"/> Primary | | |

PUBLIC ACCESS AUTHORIZATION

If you do not want the University to make your home address, home telephone number, social security number or family member information available to the public, you must notify the University in writing. Once this written notification is received, it will remain in effect until you provide written notice that you wish to reverse your decision. If an employee fails to declare this information as confidential, the information will be subject to public access. This information will be used by the University, however, for official business purposes including mailing correspondence and informational materials to your home address.

PLEASE CHECK ONLY ONE: IF YOU CHECK MORE THAN ONE OR NONE, THE INFORMATION WILL BE SUBJECT TO PUBLIC ACCESS.

- PUBLIC ACCESS Disclose home address, telephone number, and family information.
- NO PUBLIC ACCESS Conceal home address, telephone number, and family information.

DISABILITY STATUS

NONE OR DECLINE TO PROVIDE INFORMATION

DISABLED, NO ACCOMMODATION REQUIRED

*DISABLED, ACCOMMODATION REQUIRED

*Please indicate the type of accommodation required:

SELECTIVE SERVICE REGISTRATION

Effective September 1, 1999, House Bill 558, Section 651.005 prohibits an agency in any branch of state government from hiring a person as an employee if the person is of the age and gender that would require a person residing in the United States to register with the selective service system under federal law, unless the person presents proof of the person's registration with the selective service system, or proof of the person's exemption from registration with the selective service system.

I am required by law to be registered with the selective service system.

Acknowledgement Card #

Eligible Date:

Expiration Date:

I am exempt from Selective Service Registration because:

I am a female.

I am a male who is not between the ages of 18-26

I am a lawful non-immigrant on a visa (e.g. diplomatic and consular personnel and families, foreign students, tourists, with unexpired visas).

Other:

PREVIOUS STATE OF TEXAS EMPLOYMENT HISTORY

Do you have previous State of Texas Employment? Yes

No

If yes, are you a retiree?

Yes

No

If yes, please check one: TRS

ORP

ERS

If you have worked for a State of Texas agency prior to this employment, you are entitled to receive vacation and longevity service credits for that time. Please provide the agency name and approximate dates of employment. Public school districts, junior, and community colleges are not considered state agencies.

STATE AGENCY NAME	AGENCY ADDRESS	DATES OF EMPLOYMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Employee Signature

Date

For Office Use Only

Employee I.D. Number:



University
of Houston
Clear Lake