

## Employee Data Update

January 2013 – December 2013

### **Personal Data:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **Permanent Address:**

Street: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### **Mailing Address (If different from Permanent Address):**

Box Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### **Work Information:**

Department: \_\_\_\_\_

Campus Box: \_\_\_\_\_

Building Location: \_\_\_\_\_ Work Number: \_\_\_\_\_

### **Contact Information:**

#### **In case of emergency:**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number(s) (If indicating more than one number, please identify first, second, and third choice):

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

#### **In case of death:**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number(s) (If indicating more than one number, please identify first, second, and third choice):

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please return this form to the Office of Human Resources, Campus Mail Box 9412 no later than Friday, February 8, 2013.