

EMPLOYEE DATA PROFILE

GENERAL INFORMATION										
<input type="checkbox"/> Employee		<input type="checkbox"/> Spelman Temporary		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Update /Change (Effective Date) _____				
Reason for Update/Change:										
<input type="checkbox"/> Address		<input type="checkbox"/> Department		<input type="checkbox"/> Emergency Contact Information		<input type="checkbox"/> Last Name		<input type="checkbox"/> Marital Status <input type="checkbox"/> Other _____		
Prefix:			Name (Last, First, Middle):				Suffix:			
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.							<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other _____			
SSN or Employee ID Number:			Job Title:			Department:				
Date of Birth (month/day/yr):			Gender:		Marital Status:					
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed					
<input type="checkbox"/> American Indian or Alaska Native not Hispanic or Latino		<input type="checkbox"/> Black or African American not Hispanic or Latino		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander not Hispanic or Latino		<input type="checkbox"/> Two or more Races not Hispanic or Latino				
<input type="checkbox"/> Asian, not Hispanic or Latino		<input type="checkbox"/> Hispanic or Latino (all races)		<input type="checkbox"/> White, not Hispanic or Latino		<input type="checkbox"/> I prefer not to answer				
MAILING ADDRESS INFORMATION										
Street Address:										
City:			State:		Zip:		County (i.e., Cobb, Douglas, Fulton, etc.):			
Home Telephone Number (include area code):					Cell Number - Optional (include area code):					
CAMPUS ADDRESS INFORMATION										
Campus Location (Rockefeller, Cosby, etc.):			Room Location #:		Campus Box #:		Extension:		Email Address:	
EMERGENCY CONTACT INFORMATION										
Name:					Relationship:					
Street Address:					City:		State:		Zip:	
Daytime Contact Number (include area code):					Evening Contact Number (include area code):					
EDUCATIONAL BACKGROUND										
Degrees Received										
Institution: _____		Degree: _____		Major: _____		Date Received: _____				
Institution: _____		Degree: _____		Major: _____		Date Received: _____				
Institution: _____		Degree: _____		Major: _____		Date Received: _____				
Institution: _____		Degree: _____		Major: _____		Date Received: _____				
SIGNATURE										
Signature: _____							Date: _____			
FOR HR OFFICE USE ONLY										
Entered into Banner:			Dept. Identifier				Entered in Insurance Database			