



**SUMMER EMPLOYEE INFORMATION FORM**

|                       |                       |                 |                     |                               |
|-----------------------|-----------------------|-----------------|---------------------|-------------------------------|
| _____<br>(Last Name)  | _____<br>(First Name) | _____<br>(M.I.) | _____<br>(Nickname) | <input type="checkbox"/> Dr   |
|                       |                       |                 |                     | <input type="checkbox"/> Miss |
|                       |                       |                 |                     | <input type="checkbox"/> Ms   |
| _____<br>Phone Number |                       |                 |                     | <input type="checkbox"/> Mrs  |
|                       |                       |                 |                     | <input type="checkbox"/> Mr   |

|                         |                 |                  |                |
|-------------------------|-----------------|------------------|----------------|
| _____<br>(HOME Address) | _____<br>(City) | _____<br>(State) | _____<br>(Zip) |
|-------------------------|-----------------|------------------|----------------|

|                                   |                      |                                 |                                  |
|-----------------------------------|----------------------|---------------------------------|----------------------------------|
| _____<br>(Social Security Number) | _____<br>(Birthdate) | <input type="checkbox"/> Female | <input type="checkbox"/> Married |
|                                   |                      | <input type="checkbox"/> Male   | <input type="checkbox"/> Single  |

|              |   |   |
|--------------|---|---|
| (Ethnicity): | Are you Hispanic or Latino?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | (Race): Choose one or more:                                     |
|              |   | <input type="checkbox"/> American Indian or Alaska Native       |
|              |   | <input type="checkbox"/> Asian                                  |
|              |   | <input type="checkbox"/> Black or African American              |
|              |   | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
|              |   | <input type="checkbox"/> White                                  |

\_\_\_\_\_  
(Name of Spouse)

|                              |                  |
|------------------------------|------------------|
| _____<br>(Emergency Contact) | _____<br>(Phone) |
|------------------------------|------------------|

|                             |              |
|-----------------------------|--------------|
| Colleges Attended:<br>_____ | Degree _____ |
| _____                       | Degree _____ |

|                         |                     |
|-------------------------|---------------------|
| _____<br>Position Title | _____<br>Department |
|-------------------------|---------------------|

|                     |                   |
|---------------------|-------------------|
| _____<br>Start Date | _____<br>End Date |
|---------------------|-------------------|

**\*\*\*PLEASE NOTE CHANGE IN EMPLOYEE PAYCHECK OPTION:** As a summer employee, you will have two options as to how you would like to receive your paycheck. Please choose one of the following options: **(This applies only if you will be receiving more than one paycheck).**

High will be sent to your department. If all information is

correct, money will be directly deposited in your account on the following pay day.

Have your paycheck mailed to your home address on file. Please notify Human Resources if your home address changes.

**Paychecks will no longer be delivered to departments, nor will you be able to pick up your paycheck in the Payroll Department.**