

Personal Data Sheet



Office of Human Resources and Payroll Services

Staff
Faculty

Contractor
Student

Volunteer

Last Name	First Name	MI
------------------	-------------------	-----------

(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)

Home E-mail	Alternate E-mail
--------------------	-------------------------

Home Address (Must be in Texas)	City	County	State	Zip Code
--	-------------	---------------	--------------	-----------------

Mailing Address (If different)	City	County	State	Zip Code
---------------------------------------	-------------	---------------	--------------	-----------------

Home Telephone Number	Social Security Number	Birth date
------------------------------	-------------------------------	-------------------

A social security number (SSN) **MUST** be provided. If you do not have a SSN, you must provide a copy of your SSN application receipt.

School or College/ Department

Hiring Supervisor's Name

Job Title

Building Location/ Extension

***Gender**

- Female
- Male

***Race/Ethnicity**

- White -- (not of Hispanic Origin) A person having origins in the original people of Europe, North Africa or the Middle East*
- Black -- (not of Hispanic Origin) A person having origins in any of the black racial groups of Africa or the Caribbean*
- Hispanic -- A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race*
- Asian/Pacific Islander – A persons from or descendent of any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. To include people from China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan*
- Native American/Alaskan Native – A person from or descendent of any of the original people of North America or who maintains cultural identification through tribal affiliation or community recognition*
- Unknown/ Not Reported

Position

- Dean
- Division Chairperson
- Department Head
- Full Professor
- Associate Professor
- Assistant Professor
- Instructor
- Adjunct Professor
- Adjunct Instructor
- Student

Marital Status

- Divorced
- Married
- Separated
- Single
- Widowed

***Disability Status (Voluntary Disclosure)**

- No/None Disclosed
- Yes, I have a physical or mental impairment that substantially limits on or more major life activities

Citizenship Statement

- Citizen of the United States
- Lawful Permanent Resident
- Alien authorized to work in the U.S.A #
- Naturalized Citizen

Mandatory for State Reporting

Have you ever worked for a State of Texas Agency? *(Must check one)*

No Yes If yes, please give dates: _____

Is this a direct transfer from another State of Texas agency? _____

TRS Retiree

No Yes If yes: Retirement date _____ Previous agency _____

Employee Status Code

Exempt Three Month Extension Waived

*This information is for internal purposes and/or federal/state reporting requirements. No adverse action employment action will be based upon the information you report.

A social security number (SSN) **MUST** be provided. If you do not have a SSN, you must provide a copy of your SSN application receipt.

Initials: _____

Emergency Contact Information

In the event of an emergency, would you like us to contact a family member or friend? If so, please provide contact information below.

Name	Relationship	Home Phone	Work Phone	Alternative

Public Access Authorization

The Texas Legislature passed a House Bill revising the statutes related to the disclosure of certain employee information. Texas Government Code Section 552.024 requires each employee or official of a governmental body to choose whether to allow public access to information in the custody of the governmental body. If you do not want the University to make your home address, home telephone number, social security number, emergency contact information, or family member information available to the public, you must notify the University in writing. Once 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.

If you ask the University to deny public access to this information, it will not be used in published directories, nor included on lists of employees secured from our files under the Public Information Act by private firms or individuals. The information will not be given to **anyone else** who may request it, as long as your authorization to deny access has not been reversed. The information will be used by the University, however, for any official business purpose, 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, SSN, emergency contact information and family information*

NO PUBLIC ACCESS *Conceal home address/telephone number, SSN, emergency contact information and family information*

Selective Service Registration

Effective September 1, 1999, House Bill (HB) 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.

Acknowledge Card # _____ **Eligible Date** _____ **Expiration Date** _____

I am exempt from Selective Service Registration because:

I am female

I am a male who is not between the ages of 18 and 26 years of age

I am a lawful non-immigrant on a visa (e.g. foreign students)

Initials: _____

Mandatory for State Reporting

Veteran Status

None

Other Protected Vietnam Only

Vietnam Veteran Only

Both Vietnam/other Eligible Veteran

Disable Veteran

Veteran Indicator

Veteran Preference

Veteran surviving spouse not remarried

Orphan of veteran killed while active

Unknown

Yes

No

Personnel Documents Receipt

I certify that I have been furnished information about the following:

1. Texas House Bill 590 regarding State of Texas Ethics
2. A Guide of Ethics Laws for Sate Officers and Employees
3. Texas Southern University Ethics Policy
4. The University Personnel Manual
5. Confidentiality of information
6. Drug and Alcohol Abuse Prevention Policy

I certify that the above information is true and correct to the best of my knowledge.

Employee's Signature

Date