

PRIVATE & CONFIDENTIAL

Payroll & Personal Information

Tulane ID Number

I am a new hire/rehire
 My information has changed

Last Name, First Name, Middle Name

Home Phone	Cell Phone

Street Address (permanent W-2)

Birth Date (mm/dd/yyyy)	Gender
	<input type="checkbox"/> Male <input type="checkbox"/> Female

City, State	Zip Code

Spouse Name (Full)

Campus Address	Campus Phone	Supervisor's Name

Emergency Contact - Last, First MI

Emergency Contact - Street Address

Emergency Contact - City, State Zip

Emergency Phone	Emergency/Alternate Email

Country of Citizenship	Visa Type if not U.S. Citizen

Race / Ethnicity *** (Providing race/ethnicity information is voluntary per 41 CFR 60)
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<p>Veteran Status</p> <p>Please check any and all which apply to you:</p> <p><input type="checkbox"/> Disabled Veterans - veterans who are 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 persons who were discharged or released from active duty because of service-connected disabilities.</p> <p><input type="checkbox"/> Other protected Veterans - veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.</p> <p><input type="checkbox"/> Recently Separated Veterans (3 years) - any veterans during the three-year period beginning on the date of such veterans' discharge or release from active duty. If yes, what was your separation date: ____/____/____ (mm/dd/yyyy)</p> <p><input type="checkbox"/> Armed Forces Service Medal Veterans - veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Services medal was awarded pursuant to Executive Order 12985.)</p>

Are you :

Hispanic or Latino of any race (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race):

Yes, (if yes, do not check any further boxes below)

No, (if no, check one box below)

Are you:

American Indian or Alaskan Native (A person having origins in any of the original peoples of North, South America (including Central America) who maintains a tribal Affiliation or community attachment)

Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Two or more races

Check here if you DO NOT want your home address and telephone number to appear in the on-line faculty/staff directory

I certify that the information shown on this document is correct.

Employee Signature

Date