

NEW EMPLOYEE - Complete All Fields

CURRENT EMPLOYEES - Complete As Needed

Employee Name (*Last, First, Middle*):

Preferred Name:

Employee ID Number:

EMPLOYEE ADDRESS INFORMATION

Home Address:

City, State and Zip Code:

Mailing Address: (*If different from home address*)

City, State and Zip Code:

PHONE – Please fill in all phone types that apply and select one Preferred type

Home Phone: _____

Cell Phone: _____

Other (*Specify*): _____

HIGHEST LEVEL OF EDUCATION INFORMATION (*Optional for Faculty*)

Current Employees: Please attach support documentation, i.e. transcript or diploma.

High School Education or GED

Some College

Associate Degree
Type:

Bachelor Degree
Type:

Master Degree
Type:

Doctorate Degree
Type:

Name of College:

Major:

State (*U.S.A.*):

Other Country:

Date Degree Conferred:

EMERGENCY CONTACT INFORMATION

Note: If you wish to re-designate the person who shall be entitled to receive all state warrants payable to you upon your death, please complete the "Designation of Person Authorized to Receive Warrants" (GC 12479). The form is available on the Human Resources website at <http://www.afd.calpoly.edu/hr/forms.asp>

Primary Emergency Contact:

Relationship:

Home phone:

Cell phone:

Other Phone (*Specify*):

Street Address:

City, State and Zip Code:

2nd Emergency Contact: (*Optional*)

Relationship:

Home phone:

Cell phone:

Other Phone (*Specify*):

Street Address:

City, State and Zip Code:

EMPLOYEE

Signature:

Date Signed:

INTERNAL USE ONLY

Authorized Official's Signature:

Title: