

PERSONNEL DATA ENTRY (PDE)

EMPL ID: []

Effective Date: []

BIOGRAPHICAL DETAILS

PREFIX: [] *Name should be as it appears on the Social Security Card.

FIRST NAME:* []

MIDDLE NAME:* []

LAST NAME:* []

SUFFIX: [] DATE OF BIRTH: []

BIRTH COUNTRY: []

BIRTH STATE: []

BIRTH LOCATION: []

GENDER: [] HIGHEST EDUCATION LEVEL: []

MARITAL STATUS: [] Full Time Student

NATIONAL ID (SSN): [] - [] - []

CONTACT INFORMATION

ADDRESS: [] Apt#: []

CITY: [] STATE: []

ZIP CODE: [] COUNTY: []

HOME PHONE: [] (Area code is required)

E-MAIL ADDRESS: []
(Personal-if known)

REGIONAL

ETHNIC GROUP: [] MILITARY STATUS: []

I-9 VERIFICATION FOR U.S. CITIZENS ONLY (TWO CHOICES)

ONE CHOICE FROM LIST A [] OR

ONE CHOICE FROM LIST B [] AND

ONE CHOICE FROM LIST C []

NOTE: Foreign National individuals will complete form, I9, and tax documents at office of human resources, 108 Perimeter Road.

ORGANIZATIONAL RELATIONSHIP

RELATIONSHIP: []

WORK LOCATION

ACTION: []

REASON: []

POSITION: [] DEPARTMENT: []

(N/A - Studts & INT)

SALARY PLAN

REVIEW RATING: []

DATE OF RATING: []

NEXT REVIEW DATE: []

FACULTY RANK: [] DATE: []

TENURE: [] DATE: []

PENULTIMATE DATE: []

JOB INFORMATION

JOB CODE: [] REPORTS TO: [] (Supv Posn Number - Unless INT or Studt, then use Supv EmplID)

REG/TEMP: [] FULL/PART TIME: []

EMPLOYEE CLASS: [] CLASSIFIED INDC: []

STD HOURS: 40 37.5 20 Other: []

FTE: [] FLSA: []

PAYROLL

PAYGROUP: []

COMPENSATION

RATE CODE: []

COMPENSATION RATE: []

RATE CODE: []

COMPENSATION RATE: []

PERSONNEL DATA ENTRY (PDE)

Rev. 6/14/2011

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EARNINGS DISTRIBUTION

EARNINGS DISTRIBUTION TYPE:

Account	Fund	Dept	Program	Class	Project/Grant	Amount or Percent	
							%
							%
							%
							%
							%
							%
							%
							%
							%
							%
							%
TOTAL:						<input type="text"/>	%

EMPLOYMENT DATA

BUSINESS TITLE:

WORK PHONE: (Area code is required)

CU BUSINESS ADDRESS

ADDRESS:

 CITY: STATE:
 ZIP CODE: COUNTY:

BENEFIT PROGRAM PARTICIPATION

BENEFIT PROGRAM:

DRIVER'S LICENSE INFO PANEL

DR LIC NUMBER:
 STATE: COUNTRY:
 LICENSE TYPE:

EMERGENCY CONTACT PANEL

CONTACT NAME:
 RELATIONSHIP TO EMPLOYEE:
HOME ADDRESS AND TELEPHONE OF CONTACT
 SAME ADDRESS/PHONE AS EMPLOYEE: Phone Address
 COUNTRY:
 ADDRESS: Apt#:

 CITY: STATE:
 ZIP CODE: COUNTY:
 PHONE: OTH PHONE:
 (Area code is required) (Area code is required)
 OTH PHONE TYPE:

APPROVAL: _____
 DATE: _____
 APPROVAL: _____
 DATE: _____