

Personal Data Form (PDF)

For New Employees* and Current Employee Data Changes

V-ID NUMBER

[contact your Personnel Administrator for your V-ID #]

CURRENT NAME / PREVIOUS NAME

PREFIX	EMPLOYEE NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX
PREFIX	PREVIOUS NAME (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	SUFFIX

If submitting a name change, give current name and previous name. Attach a copy of Social Security card indicating your new name. Fax to HR at (804) 828-0321 or mail to VCU Human Resources, PO Box 842511, Richmond, VA 23284-2511.

PERSONAL INFORMATION (PPAIDEN)

DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: CHECK ONE <input type="checkbox"/> A (5) AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> B (2) AFRICAN - AMERICAN <input type="checkbox"/> R (3c) HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> R (4) ASIAN <input type="checkbox"/> S (3) HISPANIC <input type="checkbox"/> C (1) CAUCASIAN
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MILITARY STATUS: CHECK ONE, IF APPROPRIATE <input type="checkbox"/> SPECIAL DISABLED VETERAN <input type="checkbox"/> ARMED FORCES SERVICE MEDAL VETERAN <input type="checkbox"/> OTHER PROTECTED VETERAN DISCHARGE DATE: _____ VETERAN FILE #: _____		MILITARY RESERVE STATUS: CHECK ONE, IF APPROPRIATE <input type="checkbox"/> ACTIVE RESERVE <input type="checkbox"/> INACTIVE RESERVE

ARE YOU A RETIREE FROM VCU OR ANOTHER STATE AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TYPE OF RETIREMENT: <input type="checkbox"/> VRS <input type="checkbox"/> ORP <input type="checkbox"/> VaLORS	IF YES, DATE OF RETIREMENT:
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ADDRESS INFORMATION (PPAIDEN)

PERMANENT ADDRESS (HOME – i.e., where W-2 is mailed)

STREET	APT #	CITY	STATE	ZIP CODE + 4*
PHONE ()	CELL PHONE ()	*ALL DIGITS IN ZIP CODE + 4 REQUIRED		

CAMPUS BOX ADDRESS (OFFICE)

P.O. BOX or STREET	APT #	CITY	STATE	ZIP CODE + 4*
PHONE ()	*ALL DIGITS IN ZIP CODE + 4 REQUIRED			

WORK STREET ADDRESS

STREET	APT #	CITY	STATE	ZIP CODE + 4*
PHONE ()	*ALL DIGITS IN ZIP CODE + 4 REQUIRED			

EMERGENCY CONTACT INFORMATION - PRIMARY AND ALTERNATE (PPAIDEN)

PRIMARY CONTACT NAME	HOME PHONE ()	CELL PHONE ()
HOME ADDRESS: STREET	APT#	CITY
*ALL DIGITS IN ZIP CODE + 4 REQUIRED		

ALTERNATE CONTACT NAME	HOME PHONE ()	CELL PHONE ()
HOME ADDRESS: STREET	APT #	CITY
*ALL DIGITS IN ZIP CODE + 4 REQUIRED		

EDUCATION INFORMATION (PPAGENL)

EDUCATIONAL LEVEL: CHECK HIGHEST LEVEL ACHIEVED AND YEAR COMPLETED			YR HIGHEST DEGREE REC'D:	# OF YRS – HIGHER ED. TEACHING EXPERIENCE:
<input type="checkbox"/> 01. NO HIGH SCHOOL	<input type="checkbox"/> 04. SOME COLLEGE	<input type="checkbox"/> 07. MASTER'S DEGREE		
<input type="checkbox"/> 02. HIGH SCHOOL DIPLOMA	<input type="checkbox"/> 05. ASSOC/DIP DEGREE	<input type="checkbox"/> 08. PROFSNL DEGREE: MD, DDS, JE, etc.		
<input type="checkbox"/> 03. TRADE CERTIFICATE	<input type="checkbox"/> 06. BACHELOR'S DEGREE	<input type="checkbox"/> 09. PHD OR OTHER DOCTORATE		

DEGREE	DEGREE TYPE <i>(Check ONLY ONE)</i>	YEAR REC'D	INSTITUTION	INSTITUTIONAL CODE <i>(to be completed by HR)</i>	MAJOR	MINOR
	<input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate					
	<input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate					
	<input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate					

PROFESSIONAL LICENSURE INFORMATION (PPACERT)

LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]	LICENSE/CERTIFICATE (# and board)	YEAR REC'D	EXPIRES [MO/DAY/YR]

Signature: _____
Employee
Date

Personnel Administrator (or Designee) completes these sections for new employees:

CRIMINAL CONVICTION INVESTIGATION
<p>CHECK ONLY ONE BOX BELOW ...</p> <p><input type="checkbox"/> THIS POSITION IS <u>NOT</u> SENSITIVE – THE PA HAS LOGGED INTO HIRERIGHT AND ENTERED IDENTIFYING INFORMATION FOR THIS NEW EMPLOYEE.</p> <p><input type="checkbox"/> THIS POSITION <u>IS</u> SENSITIVE – A FINGERPRINT CHECK HAS BEEN COMPLETED WITH VCU CAMPUS POLICE.</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE IS ON A VISA <u>AND</u> DOES NOT YET HAVE A SOCIAL SECURITY NUMBER. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.</p>

FORM I-9
<p>CHECK ONLY ONE BOX BELOW ...</p> <p><input type="checkbox"/> PA HAS LOGGED INTO HIRERIGHT AND COMPLETED AN ELECTRONIC FORM I-9.</p> <p><input type="checkbox"/> PA HAS COMPLETED A PAPER FORM I-9 (ONLY PERMITTED IF EMPLOYEE WORKS AT A REMOTE LOCATION AND CANNOT BRING SUPPORTING DOCUMENTS TO VCU FOR REVIEW).</p> <p><input type="checkbox"/> THIS NEW EMPLOYEE HAS BEEN HIRED TO WORK <u>EXCLUSIVELY</u> IN DOHA, QATAR (VCUQ). NO FORM I-9 IS REQUIRED.</p>

I certify that I have reviewed the completeness of this Personal Data Form (PDF) and have added any relevant address information as needed.

Signature: _____
Personnel Administrator (or Designee)*
Date

***Personnel Administrator (or Designee) also must sign this form for new employees.
 This form should be included in new hire paperwork for new hires.**