

## Personal Data Form (PDF)

For New Employees\* and Current Employee Data Changes

### NAME / NAME CHANGE

<b>V-ID NUMBER</b>	<b>PREFIX</b> <b>EMPLOYEE'S NAME</b> (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	<b>SUFFIX</b>
[contact your Personnel Administrator for your V-ID #]	<b>PREFIX</b> <b>NAME CHANGE</b> (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL)	<b>SUFFIX</b>

If name change, please give previous name and new name. Attach a copy of your 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)

<b>DATE OF BIRTH</b>	<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>ETHNICITY - CHECK ONE</b> <input type="checkbox"/> A (5) AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> R (3c) HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> S (3) HISPANIC <input type="checkbox"/> B (2) AFRICAN - AMERICAN <input type="checkbox"/> R (4) ASIAN <input type="checkbox"/> C (1) CAUCASIAN
<b>ARE YOU A U.S. CITIZEN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MILITARY STATUS - CHECK ONE, IF APPROPRIATE</b>		
<input type="checkbox"/> A. ACTIVE RESERVE <input type="checkbox"/> D. DISABLED VIETNAM ERA <input type="checkbox"/> O. OTHER VETERAN <input type="checkbox"/> N. INACTIVE RESERVE <input type="checkbox"/> V. VIETNAM ERA <input type="checkbox"/> E. DISABLED OTHER VET <input type="checkbox"/> R. OTHER ELIGIBLE VETERANS		
<b>DISCHARGE DATE:</b> _____ <small>(See <a href="http://www.hr.vcu.edu/forms/CriteriaOtherEligible.pdf">http://www.hr.vcu.edu/forms/CriteriaOtherEligible.pdf</a>)</small>		

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

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

<b>STREET</b>	<b>APT #</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE + 4*</b> -
<b>PHONE</b> (    )	<b>CELL PHONE</b> (    )		*ALL DIGITS IN ZIP CODE + 4 REQUIRED	

CAMPUS BOX ADDRESS (OFFICE)

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

WORK STREET ADDRESS

<b>STREET</b>	<b>APT #</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE + 4*</b> -
<b>PHONE</b> (    )			*ALL DIGITS IN ZIP CODE + 4 REQUIRED	

### EMERGENCY CONTACT INFORMATION - PRIMARY AND ALTERNATE (PPAIDEN)

<b>PRIMARY CONTACT NAME</b>	<b>HOME PHONE</b> (    )	<b>CELL PHONE</b> (    )
<b>HOME ADDRESS: STREET</b>	<b>APT#</b>	<b>CITY</b>
	<b>STATE</b>	<b>ZIP CODE + 4*</b> -

\*ALL DIGITS IN ZIP CODE + 4 REQUIRED

<b>ALTERNATE CONTACT NAME</b>	<b>HOME PHONE</b> (    )	<b>CELL PHONE</b> (    )
<b>HOME ADDRESS: STREET</b>	<b>APT #</b>	<b>CITY</b>
	<b>STATE</b>	<b>ZIP CODE + 4*</b> -

\*ALL DIGITS IN ZIP CODE + 4 REQUIRED

**EDUCATION INFORMATION (PPAGENL)**

<b>EDUCATIONAL LEVEL: CHECK HIGHEST LEVEL ACHIEVED AND YEAR COMPLETED</b>			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 type (Check one in the second column below): **U** = Undergraduate; **G** = Graduate

DEGREE	DEGREE TYPE (Check one)	YEAR REC'D	INSTITUTION	INSTITUTIONAL CODE (to be completed by HR)	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 this section for new employees:**

**Check only one box below ...**

<input type="checkbox"/> THIS POSITION IS <u>NOT</u> SENSITIVE – TO CONFIRM THAT THE PA HAS LOGGED INTO HIRERIGHT AND ENTERED IDENTIFYING INFORMATION FOR THIS NEW EMPLOYEE.
<input type="checkbox"/> THIS POSITION <u>IS</u> SENSITIVE – TO CONFIRM THAT A FINGERPRINT CHECK HAS BEEN COMPLETED WITH VCU CAMPUS POLICE.
<input type="checkbox"/> THIS NEW EMPLOYEE IS ON A VISA <u>AND</u> DOES NOT YET HAVE A SOCIAL SECURITY NUMBER (NO HIRERIGHT BACKGROUND CHECK IS REQUIRED).

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 employees.