**Employee Information Form**

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| ***Full Name:*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Preferred First Name:*** | ***Social Security:*** |  |  |  |  |  |  |  |  |  |
| ***Home Address*** *(street):* |
| ***City:*** | ***State:*** | ***Zip:*** |
| ***Home Phone Number:*** | ***Campus Phone Number:*** |
| ***Campus Address*** *(including Bldg. #):* |
| ***Gender*** *(select one):* Male Female | ***Birthdate:*** |
| ***Citizenship*** *(select one):* Non-Citizen Citizen Permanent Resident |
| ***Marital Status*** *(select one):* Divorced Married Widowed Single |
| ***U.S. Government Ethnicity and Race Classifications - Please select an Ethnicity classification and all Race classifications that may apply:*** |
| ***Ethnicity*** *(select one):* Hispanic or Latino Not Hispanic or Latino |  |  |  | ***Race*** *(multiple selections permitted):*Asian American Indian or Alaskan NativeBlack or African American Native Hawaiian or Other Pacific Islander White |  |  |  |
| ***Veteran Information*** *(select one)****:*** Vietnam Era VeteranNone Disabled Veteran Other Protected Veteran Armed Forces Service Medal Veteran Recently Separated Veteran (month/year of separation) Veteran (no other category applies to me) |
| ***Emergency Contact Name (1):*** | ***Phone Number:*** |
| ***Address:*** |
| ***Relationship*** *(select one):*Aunt/Uncle Brother Spouse/Significant Other Great Grandparent Father Grandparent Child Mother Other Relative Parents Sister Cousin |
| ***Emergency Contact Name (2):*** | ***Phone Number:*** |
| ***Address:*** |
| ***Relationship*** *(select one):*Aunt/Uncle Brother Spouse/Sign Other Great Grandparents Father Grandparent Child Mother Other Relative Parents Sister Cousin |
| ***Education (****please list only completed degrees):*GED or High SchoolInstitution City/State Year of Graduation Major Associate’s DegreeInstitution City/State Year of Graduation Major Bachelor’s DegreeInstitution City/State Year of Graduation Major Master’s DegreeInstitution City/State Year of Graduation Major Ph.D.Institution City/State Year of Graduation Major Other (list) Institution City/State Year of Graduation Major  |

***(OVER)***

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| **Employee Name: SSN:** |
| ***Spouse and Dependent Children Information*** *(list spouse and all dependent children):* |
| Full Name | Social Security # | Relationship | Date of Birth | Gender |
|  |  | ChildHandicapped Dependent HusbandWifeSponsored Child |  | Male Female |
|  |  | ChildHandicapped Dependent HusbandWifeSponsored Child |  | Male Female |
|  |  | ChildHandicapped Dependent HusbandWifeSponsored Child |  | Male Female |
|  |  | ChildHandicapped Dependent HusbandWifeSponsored Child |  | Male Female |
|  |  | ChildHandicapped Dependent HusbandWifeSponsored Child |  | Male Female |
|  |  | ChildHandicapped Dependent HusbandWifeSponsored Child |  | Male Female |
| ***Do you have any mental, physical, or medical information that should be known in case of emergency?*** Yes\* No\* ***Do you have any relatives employed or studying at Lehigh?*** Yes NoIf yes, please indicate name, department, and relationship:  |
| *I acknowledge that I have received my personal copy of the Lehigh University Staff or Faculty Benefits Guide. I accept responsibility to read, understand, and follow Lehigh’s policies, practices, rules, and regulations as a condition of my employment. I understand that I may contact Human Resources at extension 83900 if I have any questions concerning the information in the Guide.**I acknowledge that I am an employee of Lehigh University. If, upon termination of my employment, I owe the University any monies for any reason, including but not limited to, a negative balance in vacation leave, I authorize the University to deduct from my final paycheck and/or any severance payment the full amount required to repay this debt. Should such deduction result in any amount still being due, I will pay that amount still being due within 30 days of my employment being terminated. I have signed this authorization freely, voluntarily, and of my own accord.* Signature Date |

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