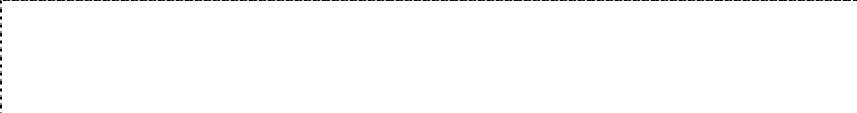
**Employee Information Form**



LIN:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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 Native  Black or African American Native Hawaiian or Other Pacific Islander White | | | | | | | | | | | | | | | | | | | | | |  |  |  |
| ***Veteran Information*** *(select one)****:*** Vietnam Era Veteran  None 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 School  Institution City/State Year of Graduation Major  Associate’s Degree  Institution City/State Year of Graduation Major  Bachelor’s Degree  Institution City/State Year of Graduation Major  Master’s Degree  Institution 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)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name: SSN:** | | | | |
| ***Spouse and Dependent Children Information*** *(list spouse and all dependent children):* | | | | |
| Full Name | Social Security # | Relationship | Date of Birth | Gender |
|  |  | Child  Handicapped Dependent Husband  Wife  Sponsored Child |  | Male Female |
|  |  | Child  Handicapped Dependent Husband  Wife  Sponsored Child |  | Male Female |
|  |  | Child  Handicapped Dependent Husband  Wife  Sponsored Child |  | Male Female |
|  |  | Child  Handicapped Dependent Husband  Wife  Sponsored Child |  | Male Female |
|  |  | Child  Handicapped Dependent Husband  Wife  Sponsored Child |  | Male Female |
|  |  | Child  Handicapped Dependent Husband  Wife  Sponsored 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 No  If 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 | | | | |

I:\WORDPROC\BENEFITS\Forms\Employee Information Form-2010.docx 3/18/2011