

## SUMMER EMPLOYEE INFORMATION FORM

(Last Name)	(First Name)	(M.I.)	(Nickname)	□ Dr	
				□ Miss	
				$\Box$ Ms	
Phone Number				□ Mrs	
				□ Mr	
(HOME Address)		(City)	(State)	(Zip)	
(Social Security Nur	mber) (Birthdate)	□ Femal	e	☐ Married☐ Single	
	re you Hispanic or Latino? Yes   No	` '	(Race): Choose one or more:  □ American Indian or Alaska Native		
		□ Asian			
				erican er Pacific Islander	
(Name of Spouse)					
(Emergency Contact		(Phone)			
Colleges Attended:			Degree		
			Degree		
Position Title			Department		
Start Date			End Date		
options as to how only if you will be	TE CHANGE IN EMPLOYEE In you would like to receive your payer receiving more than one paych and to your department. If all informations in the payer is the payer in the payer	ycheck. Please choos eck).			
	7				
correct, money w	ill be directly deposited in your account o	n the following pay day.			
☐ Have your payer	check mailed to your home addres	s on file. Please notify	Human Resources	if your home address c	hanges.
Paychecks will no Department.	longer be delivered to departm	ents, nor will you be	able to pick u	ıp your paycheck i	in the Payroll