

# UNIVERSITY OF NEVADA, LAS VEGAS

## PERSONAL DATA SHEET

Check one:  New Employee  
 Change of Address  
 Change of Name \*  
 Other \_\_\_\_\_

Employee Type:  Classified  
 Academic Faculty  
 Administrative Faculty  
 Other \_\_\_\_\_

### Employee Information

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Former Name (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

### Work Information

Department \_\_\_\_\_ Mailstop \_\_\_\_\_  
 Building \_\_\_\_\_ Room Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Preferred E-mail Address \_\_\_\_\_

### Emergency Information

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone #1 \_\_\_\_\_  
 Phone #2 \_\_\_\_\_

### Demographic Information

|  |  |
|--|--|
| Gender _____ F - Female M - Male           | Racial/Ethnic Category _____ Choose the one category |
| Birthdate _____ (MM/DD/YY)                 | with which you most closely identify yourself. **    |
| Marital Status _____                       | A - White, non-Hispanic E - American Indian          |
| M - Married S - Single W - Widowed         | B - Black, non-Hispanic or Alaskan Native            |
| Spouse/Partner: _____                      | C - Hispanic F - Non-resident                        |
| Disability _____ (choose all that apply)   | D - Asian or Pacific Islander Alien                  |
| Blank - No disability reported M - Mental/ | Military Status _____ ***                            |
| A - Ambulatory Psychological               | D - Special Disabled Veteran                         |
| C - Coordination P - Speech                | S - Special Disabled Vietnam Veteran                 |
| H - Hearing S - Sight                      | V - Vietnam Era Veteran                              |
| L - Learning X - Declines to State         | O - Other Veteran                                    |

### Residency Information

Country of Citizenship \_\_\_\_\_ Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Alien Registration Number \_\_\_\_\_

\* Changes of name require that you attach a copy of your new social security card or the receipt of application for new name from the Social Security Administration.

\*\* For definitions, consult the Human Resources web page at [http://www.unlv.edu/Human\\_Resources/IPEDS](http://www.unlv.edu/Human_Resources/IPEDS) or call 895-0922.

\*\*\* For definitions, consult the Human Resources web page at [http://www.unlv.edu/Human\\_Resources/VETS100](http://www.unlv.edu/Human_Resources/VETS100) or call 895-0922.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN TO HUMAN RESOURCES (MAILSTOP 1026)