



Employee Administrative Data

EFFECTIVE DATE:

New Hire Name Change *(include new SSN card)* Address/Email Change Benefit Change

Please complete all sections. Return to Foundation. A copy will be returned to you. DO NOT write in shaded areas.

LAST NAME		FIRST NAME/M.I.	
SOCIAL SECURITY NO.: <small>(New Hire Only)</small>		RF EMP ID:	D.O.B.
		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
HOME PHONE:	MAILING ADDRESS:		
MESSAGE PHONE:	PERMANENT HOME ADDRESS:		
HOME EMAIL ADDRESS:	WORK EMAIL ADDRESS:		

EMERGENCY CONTACT:

Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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IS THERE ANY ASPECT OF THE JOB FOR WHICH YOU REQUIRE SPECIAL NEEDS/ACCOMMODATIONS? IF SO, PLEASE EXPLAIN:

Specify Ethnicity (select one):

Veteran Status (select all that apply):

Marital Status:

<input type="checkbox"/> WHT White	<input type="checkbox"/> BLK Black or African American	<input type="checkbox"/> SDV Special Disabled Veteran	<input type="checkbox"/> VEV Vietnam Era Veteran	<input type="checkbox"/> Single	<input type="checkbox"/> Married
<input type="checkbox"/> HSP Hispanic or Latino	<input type="checkbox"/> HPI Native Hawaiian or other Pacific Islander	<input type="checkbox"/> OPV Other Protected Veteran	<input type="checkbox"/> NSV Newly Separated Veteran		
<input type="checkbox"/> ASN Asian	<input type="checkbox"/> AMI American Indian or Alaska Native				
<input type="checkbox"/> TWO Two or More Races					

Employee Signature

Date

ADMIN OFFICE USE ONLY

<p>LEAVE DATE: _____</p> <p><input type="checkbox"/> FLBN <input type="checkbox"/> RGNA <input type="checkbox"/> FRST <input type="checkbox"/> STNT <input type="checkbox"/> FAST</p> <p>Vacation Adjustment </p> <p>403(B) Adjustment </p> <p>COMMENTS:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Number</th> <th style="width: 60%;">Description</th> <th style="width: 10%;">Amount</th> <th style="width: 15%;">Begin Date</th> <th style="width: 10%;">End Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> FLBN</td> <td>1100 Qualifying Wages</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>1301 Health Project Cont</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>1504 403(B) Cont</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>1505 Flex Flat</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td>1510 Flex Rate</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CASHOUT</td> <td>1515/1516 Flex Cash Out</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>1525 Flex Additional</td> <td>\$ < ></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2400 Life Insurance Buy-up</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2401 LTC Supp Ins</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2705 Health Premium W/H</td> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table>	Number	Description	Amount	Begin Date	End Date	<input type="checkbox"/> FLBN	1100 Qualifying Wages	\$				1301 Health Project Cont	\$				1504 403(B) Cont	\$				1505 Flex Flat	\$				1510 Flex Rate	\$			<input type="checkbox"/> CASHOUT	1515/1516 Flex Cash Out	\$			<input type="checkbox"/>	1525 Flex Additional	\$ < >			<input type="checkbox"/>	2400 Life Insurance Buy-up	\$			<input type="checkbox"/>	2401 LTC Supp Ins	\$			<input type="checkbox"/>	2705 Health Premium W/H	\$		
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Human Resources Signature

Date