



# 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:   | LOCAL MAILING ADDRESS:  |  |        |
| MESSAGE PHONE:                                      | PERMANENT HOME ADDRESS: |  |        |
| HOME EMAIL ADDRESS:                                 | WORK EMAIL ADDRESS:     |  |        |

EMERGENCY CONTACT:

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
|------|--------------|---------|-------|

EMERGENCY CONTACT:

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
|------|--------------|---------|-------|

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: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span></p> <p>403(B) Adjustment: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span></p> <p>COMMENTS:</p> <div style="border: 1px solid black; height: 100px;"></div> | <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 401(k) 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>\$ &lt; &gt;</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 401(k) 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 | \$ |  |  |
|--|---|--------|-------------|----------|------------|----------|-------------------------------|-----------------------|----|--|--|--|--------------------------|----|--|--|--|------------------|----|--|--|--|----------------|----|--|--|--|----------------|----|--|--|----------------------------------|-------------------------|----|--|--|--------------------------|----------------------|--------|--|--|--------------------------|----------------------------|----|--|--|--------------------------|-------------------|----|--|--|--------------------------|-------------------------|----|--|--|
| Number   | Description   | Amount | Begin Date  | End Date |            |          |                               |                       |    |  |  |  |                          |    |  |  |  |                  |    |  |  |  |                |    |  |  |  |                |    |  |  |                                  |                         |    |  |  |                          |                      |        |  |  |                          |                            |    |  |  |                          |                   |    |  |  |                          |                         |    |  |  |
| <input type="checkbox"/> FLBN  | 1100 Qualifying Wages   | \$     |             |          |            |          |                               |                       |    |  |  |  |                          |    |  |  |  |                  |    |  |  |  |                |    |  |  |  |                |    |  |  |                                  |                         |    |  |  |                          |                      |        |  |  |                          |                            |    |  |  |                          |                   |    |  |  |                          |                         |    |  |  |
|  | 1301 Health Project Cont  | \$     |             |          |            |          |                               |                       |    |  |  |  |                          |    |  |  |  |                  |    |  |  |  |                |    |  |  |  |                |    |  |  |                                  |                         |    |  |  |                          |                      |        |  |  |                          |                            |    |  |  |                          |                   |    |  |  |                          |                         |    |  |  |
|  | 1504 401(k) 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   | \$     |             |          |            |          |                               |                       |    |  |  |  |                          |    |  |  |  |                  |    |  |  |  |                |    |  |  |  |                |    |  |  |                                  |                         |    |  |  |                          |                      |        |  |  |                          |                            |    |  |  |                          |                   |    |  |  |                          |                         |    |  |  |

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date