

# Employee Administrative Data

BENEFITED  NON-BENEFITED

EFFECTIVE DATE: \_\_\_\_\_

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

Please complete all sections. Return to Chico State Enterprises Office. A copy will be returned to you. **DO NOT** write in shaded areas.

LAST NAME		FIRST NAME/M.I.		
SOCIAL SECURITY NO.: <i>(New Hire Only)</i>	CSE EMP ID:	CSUC ID:	D.O.B.	LEGAL GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <small>(Required for Government Reporting)</small>
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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EMERGENCY CONTACT:

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:

Optional Self Disclosure

Specify Ethnicity (select one):

- |  |   |
|--|---|
| <input type="checkbox"/> WHT White, not Hispanic or Latino | <input type="checkbox"/> BLK Black or African American,, not Hispanic or Latino                                 |
| <input type="checkbox"/> HSP Hispanic or Latino            | <input type="checkbox"/> HPI Native Hawaiian or other Pacific Islander<br><small>not Hispanic or Latino</small> |
| <input type="checkbox"/> ASN Asian, not Hispanic or Latino | <input type="checkbox"/> AMI American Indian or Alaska Native, not Hispanic or Latino                           |
| <input type="checkbox"/> TWO Two or More Races             |   |

Veteran Status (Select all that Apply)

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> SDV Special Disabled Veteran | <input type="checkbox"/> VEV Vietnam Era Veteran     | <input type="checkbox"/> Single  |
| <input type="checkbox"/> OPV Other Protected Veteran  | <input type="checkbox"/> NSV Newly Separated Veteran | <input type="checkbox"/> Married |

Marital Status

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

\_\_\_\_\_  
Date

**ADMIN OFFICE USE ONLY**

NAME CHANGE

- |                                   |                          |
|-----------------------------------|--------------------------|
| Former Name:                      | _____                    |
| W4 Received                       | <input type="checkbox"/> |
| New Social Security Card Reviewed | <input type="checkbox"/> |
| Section 3 of I-9 Updated          | <input type="checkbox"/> |
| Health Insurance Updated          | <input type="checkbox"/> |
| Dental Insurance Updated          | <input type="checkbox"/> |
| Vision Insurance Updated          | <input type="checkbox"/> |
| 403(b) Updated                    | <input type="checkbox"/> |
| HRIS Updated                      | <input type="checkbox"/> |

ADDRESS CHANGE

- |                  |                          |
|------------------|--------------------------|
| Health Insurance | <input type="checkbox"/> |
| Dental Insurance | <input type="checkbox"/> |
| 403(b)           | <input type="checkbox"/> |
| HRIS             | <input type="checkbox"/> |

VOLUNTARY LIFE INSURANCE

Effective Date: \_\_\_\_\_

**COMMENTS:**

- |   |       |
|---|-------|
| Voluntary Life Insurance \$                 | _____ |
| Spouse Voluntary Life Insurance \$          | _____ |
| Child Voluntary Life Insurance \$           | _____ |
| <b>Total Semi-Monthly Voluntary Life \$</b> | _____ |
| Deducted each payroll                       |       |

HRIS Entered: \_\_\_\_\_

Sent to Payroll: \_\_\_\_\_

- |                 |                          |
|-----------------|--------------------------|
| Payroll Copy    | <input type="checkbox"/> |
| File (Original) | <input type="checkbox"/> |
| Employee Copy   | <input type="checkbox"/> |

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

\_\_\_\_\_  
Date