



### Personal Data Sheet

LAST NAME		FIRST NAME		MI
SOCIAL SECURITY NUMBER		HIRE DATE		
DEPARTMENT				
OFFICE TELEPHONE				
HOME ADDRESS	STREET			
	CITY/STATE/ZIP			
HOME TELEPHONE				
CHECK MAILING ADDRESS	STREET			
	CITY/STATE/ZIP			
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	
	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> OTHER	
GENDER	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
ETHNIC CODE	<input type="checkbox"/> WHITE		<input type="checkbox"/> BLACK/AFRICAN AMERICAN	
	<input type="checkbox"/> HISPANIC/LATINO		<input type="checkbox"/> ASIAN	
	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE		<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	
	<input type="checkbox"/> TWO OR MORE RACES			
EMPLOYEE STATUS	<input type="checkbox"/> FACULTY/STAFF IN PERMANENT POSITION		<input type="checkbox"/> TEMPORARY FACULTY/STAFF (P-13)	
	<input type="checkbox"/> TEMPORARY GRANT FACULTY/STAFF (P-14)		<input type="checkbox"/> TEMPORARY STUDENT WORKER (P-13S)	
	<input type="checkbox"/> WORKSTUDY STUDENT		<input type="checkbox"/> OUTSOURCED EMPLOYEE (SODEXHO, ETC.)	
BIRTHDATE	MONTH:	DATE:	YEAR:	
EDUCATIONAL LEVEL:				
ARE YOU PRESENTLY RECEIVING A PENSION OR RETIREMENT?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
WOULD YOU LIKE TO JOIN THE SOUTH CAROLINA RETIRMENT SYSTEM? <i>(If yes, please contact the Office of Human Resource Management.)</i>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>EMERGENCY CONTACT</b>				
LAST NAME		FIRST NAME		MI
TELEPHONE NUMBER		RELATIONSHIP		
ADDRESS	STREET			
	CITY/STATE/ZIP			
SIGNATURE			DATE	