## NEW EMPLOYEE DATA SHEET



## EMPLOYEE:

		required to set up your employed Directory. Other information pro			
* Mr. □	Ms. □ Dr. □	* First Name:	* Last Name:		
Gender:	☐ Male			S □ No □ Disabled	
Ethnic D	ata (select one o	r more of the following):			
Are you I	Hispanic/Latino?	□ Yes □ No			
☐ Ameri	ican Indian or Al	askan Native – Tribal Members	hip (CDIB)		
☐ Asian ☐ Black or African American			□ White	☐ White	
☐ Native Hawaiian or Other Pacific Islander		☐ Declined to Disclose			
Street Ad	dress:				
City		State (	County	Zip	
Phones: 1	Home	Cell	Otl	ner	
Spouse's Name		Spouse's Birth date			
Children'	s Name(s) and B	irthdates:			
EMERGE	ENCY Contact: _	Name		Relationship	
Home	Mailing Address	City	State Zip	Phone □ Cell □	
* Degree	Information (Co.	pies of transcripts required in o	rder to be included in yo	ur personnel file.)	
Degree: _	Year: _	Institution:			
Degree: _	Year: _	Institution:			
Degree: _	Year: _	Institution:			
Employee Signature					
	RESOURCES:				
* Campus: ☐ Tahlequah ☐ BA ☐ Muskogee				☐ Staff ☐ Faculty	
* Job Title:		Immediate Supervisor			
* Department:			Sub-Department:	Sub-Department:	
OTRS Me	ember:   Yes	□ No			
Processed	d (date)	Initials	_		
COMPU	TING & TELEC	OMMUNICATIONS:			
User ID:		* Office Location	n	* Extension	
Processed	l (date)	Initials			

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