

**THE UNIVERSITY OF TENNESSEE
PERSONAL DATA FORM**

EFFECTIVE DATE _____

New

Update

PERSONAL DATA (IT0002)

Personnel # _____ (Personnel # will be assigned by UT)

Form of Address: Mr. Mrs. Miss Ms. Dr.

Last Name _____

First Name _____ Middle Name _____

Known as _____ Soc. Security # _____

Birth date _____ (mm/dd/yyyy) Gender Male Female

Nationality _____ Marital Status Single Married

Name Change Previous Name _____

LOCAL RESIDENCE (IT0006-Subtype 1)

C/O _____

Street _____

County _____

City _____

State _____

Zip _____

Home Telephone _____

Cell Phone _____

Please include Area Code

Please include Area Code

Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

UT OFFICE ADDRESS (IT0006-Subtype 3)

Building Name _____ Building No. _____

Street Address _____ Room No. _____

City _____ County _____

State _____

Zip _____

Mail Stop _____

Telephone _____

Fax _____

Please include Area Code

Please include Area Code

Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

EMERGENCY CONTACT (IT0006-Subtype 4)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (Please include Area Code)

RESIDENCE STATUS (I-9) (IT0094)

U.S. Citizen
 Permanent Resident
 Non-resident Alien

I-9 Date _____

IMMIGRATION STATUS (IT0048) Supporting Documentation Required

Country of Citizenship _____

Visa Type _____

Visa Expires _____

Original Date of Arrival to United States _____

EMPLOYEE NAME _____

PERSONNEL NUMBER _____

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity (check one of these options)

Hispanic/Latino

Not Hispanic/Latino

Race Category (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Veteran Status (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran

Vietnam Era Veteran

Other Protected Veteran

Recently Separated Vet

Armed Forces Service Medal Veteran

Disabled Veteran

Non-veteran

Discharge Date _____ (Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

Yes

No

If yes, what agency? _____

Retired from UT?

Yes

No

If yes, list department, address, and date(s) of employment.

Are you now, or have you even been, employed by UT, Tennessee Board of Regents, the State of Tennessee or a federal agency?

Yes

No

If yes, complete below:

Agency or Department	Full-time Part-time	Address	Dates	Employed under a different name

EDUCATION (IT0022)

Educational Level ▼

Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (IT0022) (additional degrees, if any)

Educational Level ▼

Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (IT0022) (additional degrees, if any)

Educational Level ▼

Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

Employee Signature _____

Date _____