

## PERSONAL DATA FORM

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

New  Update

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

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

First Name \_\_\_\_\_

Email Address \_\_\_\_\_

Known as \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ (mm/dd/yyyy) Gender  Male  Female  Nonbinary

Nationality \_\_\_\_\_ Marital Status  Single  Married

Name Change Previous Name \_\_\_\_\_

### PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O \_\_\_\_\_

Street \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please include Area Code Please include Area Code

Complete Information  No Address  No Phone/Address

No Phone Number  No Public Listing

### OFFICE DETAILS (IT0006-Subtype 3)

Building Name \_\_\_\_\_ Building No. \_\_\_\_\_

Street Address \_\_\_\_\_ Room No. \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Mail Stop \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please include Area Code Please include Area Code

Would you like the following shared about your office information on the website and outlook?

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 \_\_\_\_\_

**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. \_\_\_\_\_

Ever employed by UT, the State of Tennessee, or by a Federal Agency before?  YES  NO

If yes, complete below:

| Agency or Department | Full-time<br>Part-time | Address | Dates | Employed under<br>a different name |
|----------------------|------------------------|---------|-------|------------------------------------|
|                      |                        |         |       |                                    |
|                      |                        |         |       |                                    |
|                      |                        |         |       |                                    |

**EDUCATION (IT0022)**

Educational Level \_\_\_\_\_ Field of Study \_\_\_\_\_

Name/Location of Institution. \_\_\_\_\_ State \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_ Year Degree Granted \_\_\_\_\_

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