University of Washington - Tacoma
PERSONAL DATA FORM (For departmental/payroll use only)

WHEN DO YOU EXPECT TO GRADUATE: MONTH_____YEAR_____

☐ **Staff Hire**   ☐ **Faculty Hire**   ☐ **Temp Staff Hire**   ☑ **Student Hire**

New Employee Information for Workday

Employee Name (Last, First & M.I.):	Social Security Number :
UW Email:	Gender (circle one): M / F Birthdate:

Citizenship (please choose one):
- ☐ US Citizen
- ☐ Foreign National
- ☐ Permanent Resident
- ☐ Other (please explain):

Personal Phone:

Work Phone:

Currently working at the UW in another department:

Yes / No

Address Information

Local Address

Street, Apt. #, Rt., Etc.

City

County	State

Zip Code

Permanent Address (If other than Local Address)

Street Apt. No., Route, Etc.

City

County	State

Zip Code

Emergency Contact Information

Emergency Contact Name:	Day Phone:	Evening Phone:

Alternate Emergency Phone:

Education

(check one- student hire)
- ☐ Undergraduate
- ☐ Graduate Student

Academic Program Enrolled in (student hire):

No. of credits this quarter:

Student ID Number:

(Check one – all employees)

☐ 01 No Academic Credit	☐ 04 High Sch. Diploma/Eqv.	☐ 07 Assoc. of Arts	☐ 10 Professional Degree (e.g., M.D., D.D.S., J.D.)
☐ 02 Grade School	☐ 05 Trade Sch. Certificate	☐ 08 B.A ./ B.S.	☐ 11 Ph.D.
☐ 03 Some High School	☐ 06 Some College	☐ 09 M.A. / M. AS.	☐ 12 Other Degree (e.g. Dr. of Education, Dr. of Science)

Hiring Department Information – To be completed by Supervisor or Program Administrator

New Employee Title:	Department Name: Office of Community Partnerships

Supervisor Name:	Supervisor Phone:	Box Number 358441