**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):<br>❑ US Citizen<br>❑ Foreign National<br>❑ Permanent Resident<br>❑ Other (please explain): | Personal Phone:<br><br>Work Phone: | Currently working at the UW in another department:<br><br>Yes / No |

| **Address Information** | | | |
|---|---|---|---|
| **Local Address** | | **Permanent Address (If other than Local Address)** | |
| Street, Apt. #, Rt., Etc. | | Street Apt. No., Route, Etc. | |
| City | | City | |
| County | State | County | State |
| Zip Code | | Zip Code | |

| **Emergency Contact Information** | | |
|---|---|---|
| Emergency Contact Name: | Day Phone: | Evening Phone: |
| Alternate Emergency Phone: | | |

| **Education** | | |
|---|---|---|
| (check one- student hire)<br>❑ Undergraduate<br>❑ Graduate Student | Academic Program Enrolled in (student hire):<br><br>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:<br><br>Quantitative Tutor Writing Consultant Office Assistant | Department Name: Tutoring Centers (TLC), Quantitative Tutoring Center and Writing Center<br>Pay Costing Allocation (budget): CC100698, RS100216 | |
| Supervisor Name:<br>Dwayne Chambers Ashley Burchett<br>Cara Hale | Supervisor Phone:<br>253-692-4778 253-692-5938<br>253-692-5781 | Box Number<br><br>358453 |