OKLAHOMA STATE UNIVERSITY **PERSONAL INFORMATION**

COMPLETE FORM AND RETURN TO OSU HUMAN RESOURCES, 106 WHITEHURST, STILLWATER

Section 1: All Employees Complete

Employee ID Number	Prefix	Name (Last, First, Middle format)
	__ Mr. __Ms. __Dr. __ Mrs. __Miss	

☐ NEW EMPLOYEE (Please complete entire form)

☐ CHANGE CURRENT INFORMATION
(Complete Section 1 and only information that needs updated.)

☐ Check if **Name Change** & attach copy of social security card

Section 2: All New Employees Complete

Marital Status	Gender	Race/ Ethnic Categories (mark ONLY one)	Date of Birth
___**S**ingle ___**D**ivorced ___**M**arried ___Se**P**arated ___**W**idowed ___Other (Z)	☐ **M**ale ☐ **F**emale	__ **1**-White __ **5**-Native American __ **2**-Black __ **6**-Native Hawaiian __ **3**-Hispanic __ **7**-Two or more races __ **4**-Asian (not Hispanic)	(MMDDYYYY)

Permanent Home Address (within USA)		**Home Phone** (Include Area Code)
Address Line 1		
Address Line 2		
City	State	Zip Code

Emergency Contact Information (within USA)	**Relationship**
Contact Name	
	Work Phone (Include Area Code)
Contact Address (Street Address, City, State, Zip Code)	
	Phone Number (Include Area Code)

Section 3: All Faculty and Continuous Regular Staff Employees Must Complete.
(Students and Temporary Staff Employees do not need to complete.)

Educational Background		***List Highest Degree or Diploma First***	
Degree	Year Rec'd	Complete Institution Name & Location	Field of Study

This form only changes the basic employee demographic information in HRS and does not update benefits or beneficiary information or other university systems.

_____ Employee Signature _____ Telephone Number _____ Date

HUMAN RESOURCES
Coding Initials _____ Date_____