



Employee Demographic Form

Section 1 – Completed by the Employee : PLEASE PRINT OR TYPE				
Appointment Date	Department	Division	Title	Work Location
Employee Name:				
SSN: xxx-xx-		Oracle ID#		Birthdate:
Gender: Check one <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: Check one <input type="checkbox"/> Caucasian (1) <input type="checkbox"/> Black/African-American (2) <input type="checkbox"/> Asian/Pacific Islander (3) <input type="checkbox"/> American Indian (4) <input type="checkbox"/> Hispanic (5) <input type="checkbox"/> Other (6)		
Primary Address:				
City:			State:	Zip Code:
Telephone #1: ()		Number Type: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work		
Telephone #2: ()		Number Type: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work		
Secondary (Mailing) Address:				
City:			State:	Zip Code:
Emergency Contact Name:			Relationship:	
Home Address:				
City:			State:	Zip Code:
Telephone #1: ()		Number Type: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work		
Employee Signature:			Date:	
Section 2 – Completed by the Human Resources Staff				
HRA Name (Receiver):			Date Forwarded:	
Employee Services Consultant completed :			Date Entered:	

Forms will be available in the HR and Payroll offices.

Distribution: Original is completed by employee and submitted to HRA. Employee Services Division will update appropriate systems and forward to central personnel file.