

Human Resources Office
General Information Sheet

NAME: _____
Last First Middle

NICKNAME: _____

(As you want your name to appear in the Online Directory)

Home and/or cell phone number: _____

ETHNIC CATEGORY:

- Nonresident Alien
- Race & Ethnicity Unknown
- Hispanics of any race
- For non-Hispanics only:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Two or more races

EMERGENCY CONTACTS *(please list at least one contact)*

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

For salaried employees only:

If contract is 10 months/year, please select a payment schedule:

- 12 month
- 10 month (September – June)

** If electing benefits, your deductions will be tripled on your June paycheck to cover your lack of paychecks in July and August.*