



UNIVERSITY OF  
SOUTHERN MAINE

# Human Resources Individual Data Sheet

<b>Please complete ONLINE – print for signature ONLY.</b>		
Prepared By _____	Phone _____	Date _____
<b>Deadlines for completed original to Human Resources:</b> - Monthly paid employees – AS SOON AS POSSIBLE, but no later than effective date or the 10 <sup>th</sup> of the month, whichever occurs first. - Biweekly paid employees - AS SOON AS POSSIBLE but no later than effective date.		

Effective Date \_\_\_\_\_

Professional     Classified     Faculty     Graduate Assistant

<b>Personal Data</b> (Changes to Personal Data <b>must</b> be done on the <b>Individual Data Sheet</b> )				
Last Name	Suffix	First Name	M.I.	PeopleSoft Employee ID #
Status <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Domestic Partner Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm/dd/yyyy)	
Campus Address			Campus Phone	

<b>Mailing Information</b>	
Home Address (This address will be used to mail the annual W2 earnings Statement.) Line 1	Mailing Address (If different than home address.) Line 1
Line 2	Line 2
City, State, Zip Code	City, State, Zip Code
Home Phone #	Phone #
Where do you want your check sent? <input type="checkbox"/> CAMPUS ADDRESS <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> MAILING ADDRESS	

<b>Emergency Contact</b>		
Last Name	First Name	M.I.
Phone Number	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Business	Relationship to Employee
If address is same as employee's, check here: <input type="checkbox"/>	Address Line 1	
	Address Line 2	
	City, State, Zip Code	

Education			
Degree	Institution	Institution Location	Year

Professional License (If required)				
License Type	License Number	Date of Issue	Date of Expiration	State/County

I certify that all of the information provided on this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date