

Human Resource Information Form

New Employee

Revision to Existing Data (Changes only)

Legal Name

(As it appears on your Social Security Card)

Name *(Last, First, M/MI): please print*

PS ID #
Empl ID / Student #

Previous Name:
(If name change)

Social Security Number:

Home/Permanent Address *

Street Address:

City, State, Zip Code:

Student/Staff Directory Exclusions

*Home Address and Phone Number **will be printed** in the Directory unless one of the boxes below is checked indicating an exclusion:*

- Option 1 **Do not print my home phone** in the Directory
 Option 2 **Do not print my home address** in the Directory
 Option 3 **Do not print my home address and phone** in the Directory

Home Phone: ()

Birth date: - -

Mobile Phone: ()

Email Address:

Personal Identification

This information is private (as defined by the Minnesota Government Data Practices Act) and will not be released to the public. See page 3 for further information and definitions.

GENDER	RACIAL GROUP (check all that apply)	MILITARY STATUS
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> None
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Armed Forces Service Medal Veteran
USA/CITIZEN STATUS	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Native (U.S. Citizen)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other protected veteran
<input type="checkbox"/> Alien Permanent	<input type="checkbox"/> White	<i>If veteran, complete the Disabled veteran section below:</i>
<input type="checkbox"/> Alien Temporary	DISABILITY	DISABLED VETERAN
ETHNICITY: HISPANIC OR LATINO?	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No		

Emergency Contact Information

1 st Contact	2 nd Contact
Name:	Name:
Relation:	Relation:
Address:	Address:
City/ST/Zip:	City/ST/Zip:
Phone #1:	Phone #1:
Phone #2:	Phone #2:

TO BE COMPLETED BY EMPLOYEE

Human Resource Information Form

Employee's Campus or Off Campus Office Location/Work Address:	
Room:	
Building:	
Street Address:	
City, State, Zip Code:	
Campus Phone Numbers:	
Campus Phone # 1:	
Campus Phone # 2:	
Fax #	
Off Campus Phone #:	

Department Office/Mail Location: <i>Completed by the department</i>				
Dept. Name:				
PS Dept. Number:				
Mail Delivery Code:				
Room/Building:				
Street Address:				
City, State, Zip Code:				

Educational Information *(completed by employee)*

High School	City/State/Country	Year of Graduation

Certificates, Graduate or Professional Degrees Earned

Degree	Year Received/Expected			Graduated?	Major	School	State/Country
	MO	DY	YR				

Work Information *(completed by employee)*

List all positions held with your most current last position listed first.

Employer	City/State	Begin Date			End Date			Rank/Title
		MO	DY	YR	MO	DY	YR	

Employee's Signature	Date

Human Resource Information Form

RACIAL/ETHNIC GROUP INFORMATION AND DEFINITIONS

New Employees must complete page 1 of the HRIF form.

The University of Minnesota is required to collect Racial/Ethnic Group Information to comply with Federal and State record keeping and reporting requirements pursuant to Executive Order 11246, Revised Order No. 4, Section 503 of the Rehabilitation Act of 1973, as amended, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, Title VII of the Civil Rights Act of 1964 and Minnesota Statutes, Section 363.073. Summary data, without names will be reported on the Integrated Post-Secondary Education Data System (IPEDS) report and the University of Minnesota's Affirmative Action Program. This information is private (as defined by the Minnesota Government Data Practices Act) and will not be released to the public. It will only be used in summary reporting format for compliance with Federal and State reporting requirements and implementation of University of Minnesota affirmative action policies. You are requested, but not required, to provide information regarding your racial/ethnic group, education level, veteran or disability status, and there are no consequences for failing to provide it. The University may acquire this information by visual survey. This may, however, result in the collection of erroneous information. You are required to provide the other information. Failure to provide the required information (gender, social security number and citizenship status) could result in interruption of your paycheck or benefits, or your termination.

Ethnicity Definition

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial Definitions

American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian – A person having origins in any of the original people of Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American – A person having origins in any of the Black racial groups Africa.

Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Citizenship Definitions

Alien permanent (Resident alien) – Resident aliens and other eligible (for financial aid purposes) non-citizens who are not citizens or nationals of the United States, but who have been admitted as legal immigrants for the purpose of obtaining permanent resident alien status (and who hold either an alien registration card (Form I-551 or I-151), a Temporary Resident Card (Form I-688), or an Arrival-Departure Record (Form I-94) with a notation that conveys legal immigrant status such as Section 207 Refugee, Section 208 Asylee, Conditional Entrant Parolee or Cuban-Haitian) are to be reporting in the appropriate racial/ethnic categories along with United States citizens.

Alien temporary (Nonresident alien) – A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.

Native – U.S. citizen, regardless of birth or naturalization.

Military Status Definitions

Disabled Veteran – A veteran (A) of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service-connected disability.

Armed Forces Service Medal Veteran – Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985. For more information, visit <http://www.opm.gov/veterans/html/vgmedal2.asp>

Recently Separated Veteran – Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, or air service.

Other Protected Veteran – A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition, for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Disability Status Definition

Disability – The Rehabilitation Act of 1973, as amended, defines as a person who (1) has a physical or mental impairment which substantially limit one or more of such person's major life activities; (2) has a record of such impairments; or (3) is regarded as having such impairment. *The completion of this section (located on the reverse side) does not constitute notification for purposes of accommodation.*