



Personal Data Form

Please type or print legibly

TYPE OF REQUEST:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Rehire | <input type="checkbox"/> Name Change |

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	University ID Number:
Change Name To: <i>(enter only if requesting a Name Change; a copy of your Social Security Card with the new name must be attached)</i>					
Birthdate: (MM/DD/YY)	I identify my gender as: <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Social Security Number: <i>(enter only if new hire)</i>
Country of Citizenship:			Visa: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> H1 <input type="checkbox"/> Other <input type="checkbox"/> U.S. Permanent Resident <i>(not U.S. Citizen)</i>		
Note: New hires must complete Form I-9 online (northwestern.i9servicecenter.com) at least by the end of their first day of work and provide required documentation to be employed and paid. If you are not a U.S. citizen or permanent resident, contact the Payroll Office to complete information in the Foreign National Information System (FNIS).					
When did you first begin working at Northwestern? (MM/DD/YY)		In which state will you be performing work for Northwestern?		Are you interested in contributing to the Northwestern University Voluntary Savings Plan, a 403b pre-tax retirement savings plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT INFORMATION

Local Home Address			Secondary Mailing Address <i>(optional)</i>		
Is this address part of University Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number & Street:		Apt #:	Number & Street:		Apt #:
City:		State:	City:		State:
ZIP/Postal Code:		Country:	ZIP/Postal Code:		Country:
Note: Year-end W-2 Forms will be mailed to the "Local Home Address" indicated above. This address may be updated in FASIS Self Service by active employees.					
Primary Home/Cell Phone Number:			Secondary Home/Cell Number <i>(optional)</i> :		
Personal Email Address:					

DEMOGRAPHIC DATA

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? <i>(select one or more)</i>		
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
Non-Discrimination Policies: Northwestern University is committed to providing an environment free of discrimination, harassment, and retaliation. Please visit the following websites to learn more about Northwestern's non-discrimination policies and complaint processes: www.northwestern.edu/hr/equolopp-access and www.northwestern.edu/sexual-harassment .			

SIGNATURE

Employee Signature:	Date:
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TO BE COMPLETED BY THE HIRING DEPARTMENT

For all employees:		<i>Note: for staff hires processed through HR, this will be completed by the HR Staffing Consultant.</i>			
Work Phone Number <i>(indicate main office/department phone if employee does not have a direct extension):</i>					
For temporary employee hires only:					
Hire/Rehire Date: (MM/DD/YY)	HR Dept ID#:	Job Code:	Hourly Rate:	Workgroup: <input type="checkbox"/> Swiper <input type="checkbox"/> Non-Swiper	
Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:
Supervisor Name:	Supervisor ID:	Supervisor Position #:	Supervisor Phone:	Supervisor Signature:	

Administrators: For temporary employees, email this form to EVtempfire@northwestern.edu (Evanston) or CHtempfire@northwestern.edu (Chicago); do not send original. For all other employees, mail the original form to the Payroll Office, 720 University Place, Evanston