Employee Information Form

Note: For New Hires or name changes attach a photocopy of your Social Security Card. This is required for IRS reporting purposes.

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| CHECK ONE: | New Hire | Information Changes (Provide only information that has changed) |

NOTE: Always include contact information for New Hire or Information Changes.\* Your name must be written exactly as it appears on your social security card.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First: | Middle: | | | Last: | | | | | | | Suffix (i.e. Jr, Sr) | | |
| Is this a name change? For staff and faculty, contact Human Resources Benefits Administration, [benefits@jmu.edu.](mailto:benefits@jmu.edu)  Yes Change email ID to match new name Leave email ID as it is currently No | | | | | | | | | | | | | |
| Social Security Number: (New Employees Only) | | | | | | | Employee ID: | | | | | | |
| Academic Level: (Student Employees Only) | | | | | | | Student ID: | | | | | | |
| This Section to be Completed for Email ID Changes | | | | | | | | | | | | | |
| Current JMU Email: | | | | | | Contact Telephone Number: | | | | | | | |
| Permanent Address (To be used for Payroll purposes only. W-2s will be sent to this address. It is recommended that students  use their parents' home address.) | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Code: | | |
| Phone: | | Date of Birth: | | | | | Gender: | | M | F | US Citizen: | Yes | No |
| Emergency Contact Information (Additional information should be updated in MyMadison) | | | | | | | | | | | | | |
| \*Contact Name: | | \*Contact’s Phone : | | | | | | \*Contact’s Alternate Phone: | | | | | |
| **Ethnicity and Race: For governmental recordkeeping and reporting requirements only.** | | | | | | | | | | | | | |
| Are you Hispanic or Latino? Yes | | No |  |  | | | | |  |  |  |  |  |
| What is your race? Select one or more. | | American Indian or Alaskan Native Asian  Black or African American  Native Hawaiian/Other Pacific Islander White | | | | | | | | | | | |
| Prior Full-time Virginia State Service: | | Yes | No |  | State Agency: | | | | | | | | |
| Highest Degree Earned: | | | | | School: | | | | | | | | |
| Major: | | | | | Date Degree Received: | | | | | | | | |
| The 1993 Session of the Virginia General Assembly enacted legislation intended to further the efforts of the Department of Social Services’ Division of Child Support Enforcement in locating working parents who are delinquent in child support payments. As an employer of the Commonwealth of Virginia, James Madison University is required to report each new hire to the Virginia Employment Commission and to ask employees to disclose at the time of hire the existence of an income withholding order for child support.  Do you have an income withholding order from the Court for child support? Yes No | | | | | | | | | | | | | |
| Employee Signature: | | | | | | | | | Date Signed: | | | | |

**Please return this form to SWEC (MSC 3519) for student employees and HR (MSC 7009) for all staff and faculty.**

Rev 08/2014