

FORM MUST BE COMPLETED IN FULL

Personal Information

Oklahoma State University

Complete form and email to: newhire@okstate.edu

Employee ID :

Citizenship Status: Citizen International
 Biweekly Monthly Permanent Resident

Section 1: All Employees Complete

Prefix	Last Name (incl suffix, e.g. Jr, Sr, III)	First Name	Middle Name	Check if Name Change & attach a copy of new social security card & photo ID.

Section 2: All NEW Employees Complete - Current Employees, Enter only fields that need updated

Marital Status	Gender	Hispanic?	Birth Date (MMDDYYYY)	<input type="checkbox"/>	White	<input type="checkbox"/>	Black
				<input type="checkbox"/>	Asian	<input type="checkbox"/>	Amer Indian / Alaskan Natv
				<input type="checkbox"/>	Native Hawaiian or Pacific Islander		

Permanent Home Address (within USA to mail W-2)

Address Line 1	Telephone Number (w/ AC)	
Address Line 2		
City	State	Zip Code

Personal Email Account:

Emergency Contact

Contact Name	Contact Relationship
Contact Address (Street Address, City, State, Zip Code)	Contact Work Phone (w/ AC)
	Contact Home Phone (w/ AC)

Section 3: All Faculty and Regular Staff Employees Must Complete

Educational Background ** List your HIGHEST degree or diploma first ******

Degree	Year Rec'd	Institution Name and Location	Field of Study

This form only changes the basic employee demographic information in Banner and most benefits. This form does not change your beneficiary information or retirement provider information.

_____	_____	_____
Employee Signature	Telephone Number	Date