EMPLOYEE INFORMATION FORM

LIN:			***SSN:***	
Full Legal Name *(as it appears on SSN card and/or passport):*	*First Name*	*Middle Name*	*Last Name*	*Suffix*
Chosen Full Name: *(preferred name for university systems):*	*First Name*	*Middle Name*	*Last Name*	*Suffix*
Home Street Address:				
City:	***State:***	***Zip:***	***Phone Number:***	

Legal Sex *(select one)*: ☐ Male ☐ Female ***Citizenship*** *(select one)*: ☐ Non-Citizen ☐ Citizen ☐ Permanent Resident

Marital Status *(select one)*: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ***Birth Date***:

Gender Identity *(select one)*:

☐ Man (Cisgender)
☐ Man (Transgender)
☐ Woman (Cisgender)
☐ Woman (Transgender)
☐ Non-Binary
☐ Agender
☐ Genderfluid
☐ Gender Non-Confirming
☐ Genderqueer
☐ Not Listed
☐ Prefer not to disclose

Personal Pronoun *(select one)*:

☐ He/Him/His
☐ He/They
☐ She/Her/Hers
☐ She/They
☐ They/Them/Their
☐ Ze/Hir/Hir
☐ Ze/Zim/Zir
☐ Not Listed
☐ Prefer not to disclose

Ethnicity *(select one)*:

☐ Hispanic or Latino
☐ Non-Hispanic or Latino

Race *(multiple selections permitted)*:

☐ Asian
☐ Black or African American
☐ White
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

Veteran Information *(select one)*:

☐ Not a Veteran
☐ Active Wartime or Campaign Badge Veteran
☐ Not a Protected Veteran
☐ Protected Veteran
☐ Disabled Veteran
☐ Armed Forces Service Medal Veteran

Date of Discharge (month/year) _____

Emergency Contact Name (1):		Phone Number:	
Address:		Relationship:	
Emergency Contact Name (2):		Phone Number:	
Address:		Relationship:	

Education (please list only completed degrees):

☐ **GED or High School** **Year of Graduation** _____
Institution _____ City/State _____
Major _____

☐ **Associate's Degree** **Year of Graduation** _____
Institution _____ City/State _____
Major _____

☐ **Bachelor's Degree** **Year of Graduation** _____
Institution _____ City/State _____
Major _____

☐ **Master's Degree** **Year of Graduation** _____
Institution _____ City/State _____
Major _____

☐ **Doctorate Degree** **Year of Graduation** _____
Institution _____ City/State _____
Major _____

☐ **Other (list)** **Year of Graduation** _____
Institution _____ City/State _____
Major _____

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Spouse and Dependent Children Information *(marriage certificate and dependent children birth certificates are required)*:

Full Name	Relationship	SSN	Date of Birth	Legal Sex
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female
	☐ Child ☐ Handicapped Dependent ☐ Sponsored Child ☐ Husband ☐ Wife			☐ Male ☐ Female

Do you have any relatives employed or studying at Lehigh? ☐ Yes ☐ No

If yes, please indicate name, department and relationship: ______________________

Name *Department* *Relationship*

I acknowledge that I have received my personal copy of the Lehigh University Staff or Faculty Benefits Guide. I accept responsibility to read, understand, and follow Lehigh's policies, practices, rules, and regulations as a condition of my employment. I understand that I may contact Human Resources at Extension 83900 if I have any questions concerning the information in the guide.

I acknowledge that I am an employee of Lehigh University. If, upon termination of my employment, I owe the University any monies for any reason, including but not limited to, a negative balance in vacation leave, I authorize the University to deduct from my final paycheck and/or any severance payment the full amount required to repay this debt. Should such deduction result in any amount still being due, I will pay that amount still being due within 30 days of my employment being terminated. I have signed this authorization freely, voluntarily, and of my own accord.

______________________ ______________________

Signature Date