LIN:	

Employee Information Form

Full Name:

Preferred First Name: **Social Security:**

Home Address (street):

City: **State:**   **Zip:**

Home Phone Number: **Campus Phone Number:**

Campus Address (including Bldg. #):

Gender (select one):   ☐ Male   ☐ Female | **Birthdate:**

Citizenship (select one):   ☐ Non-Citizen   ☐ Citizen   ☐ Permanent Resident

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

U.S. Government Ethnicity and Race Classifications - *Please select an Ethnicity classification and all Race classifications that may apply:*

Ethnicity (select one):
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (multiple selections permitted):
☐ Asian   ☐ American Indian or Alaskan Native
☐ Black or African American   ☐ Native Hawaiian or Other Pacific Islander
☐ White

Veteran Information (select one):   ☐ Vietnam Era Veteran
☐ None   ☐ Disabled Veteran   ☐ Other Protected Veteran   ☐ Armed Forces Service Medal Veteran
☐ Recently Separated Veteran (month/year of separation) _____   ☐ Veteran (no other category applies to me)

Emergency Contact Name (1):   **Phone Number:**

Address:

Relationship (select one):
☐ Aunt/Uncle   ☐ Brother   ☐ Spouse/Significant Other   ☐ Great Grandparent   ☐ Father   ☐ Grandparent
☐ Child   ☐ Mother   ☐ Other Relative   ☐ Parents   ☐ Sister   ☐ Cousin

Emergency Contact Name (2):   **Phone Number:**

Address:

Relationship (select one):
☐ Aunt/Uncle   ☐ Brother   ☐ Spouse/Sign Other   ☐ Great Grandparents   ☐ Father   ☐ Grandparent
☐ Child   ☐ Mother   ☐ Other Relative   ☐ Parents   ☐ Sister   ☐ Cousin

Education (please list only completed degrees):

☐ GED or High School
   Institution_____   City/State _____
   Year of Graduation_____   Major_____

☐ Associate's Degree
   Institution_____   City/State _____
   Year of Graduation_____   Major_____

☐ Bachelor's Degree
   Institution_____   City/State _____
   Year of Graduation_____   Major_____

☐ Master's Degree
   Institution_____   City/State _____
   Year of Graduation_____   Major_____

☐ Ph.D.
   Institution_____   City/State _____
   Year of Graduation_____   Major_____

☐ Other (list) _____
   Institution_____   City/State _____
   Year of Graduation_____   Major_____

(OVER)

Employee Name:			SSN:	

Spouse and Dependent Children Information *(list spouse and all dependent children):*				
Full Name	Social Security #	Relationship	Date of Birth	Gender
		☐ Child ☐ Handicapped Dependent ☐ Husband ☐ Wife ☐ Sponsored Child		☐ Male ☐ Female
		☐ Child ☐ Handicapped Dependent ☐ Husband ☐ Wife ☐ Sponsored Child		☐ Male ☐ Female
		☐ Child ☐ Handicapped Dependent ☐ Husband ☐ Wife ☐ Sponsored Child		☐ Male ☐ Female
		☐ Child ☐ Handicapped Dependent ☐ Husband ☐ Wife ☐ Sponsored Child		☐ Male ☐ Female
		☐ Child ☐ Handicapped Dependent ☐ Husband ☐ Wife ☐ Sponsored Child		☐ Male ☐ Female
		☐ Child ☐ Handicapped Dependent ☐ Husband ☐ Wife ☐ Sponsored Child		☐ Male ☐ Female

Do you have any mental, physical, or medical information that should be known in case of emergency? ☐ Yes* ☐ No
*_____

Do you have any relatives employed or studying at Lehigh?   ☐ Yes   ☐ No
If yes, please indicate name, department, and 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