

COE DEPT # 32

College of Education

U of A Employee INFORMATION FORM

Employee

Name:

Last

First

MI

☐

Male

☐

Female

SID/EID:

Date of Birth (mm/dd/year)

UA Email Address:

Personal Email Address:

Home Street Address (Arizona)

Home Street Address (Out-of-State)

(Complete if physical UA work location is outside Arizona)

City

State

City

State

Zip Code

County

()

()

Zip Code

County

Home Phone

Cell Phone

Country or other address information (if applicable)

Person to notify in emergency: Name:

Phone: ()

Are you a: ☐ US Citizen ☐ Permanent Resident ☐ Non-Resident with Temporary Visa (Attach copy of I-94)

Visa Type/Classification (if applicable):

Visa Eligibility Expiration Date:

My check or signature below indicates that all information provided on this form is accurate to the best of my knowledge.

Employee: ☐

Date

Supervisor

Will employee duties require unsupervised contact with minors who are not enrolled students of the University of Arizona?

Yes ☐ No ☐

Will employee duties require driving a University of Arizona vehicle or to use of own vehicle to conduct University business?

Yes ☐ No ☐ (Note: Individuals under the age of 18 may not drive in the course of their duties.)

Start Date: End Date: Title:

Position Number: FTE: Salary/Hourly Rate:

Account Number: Sub Account: Project Code:

Supervisor:

Date

Department

Office Use Only:

PCN Create/Modify Transaction #: ☐ New Hire ☐ Additional Job ☐ Transfer

Position Funding (PDR) Transaction #: I - 9 Transaction #:

New Hire Transaction #: Created by:

Supervisor PCN: Time Approver PCN:

Supervisor Name: Time Approver Name:

Submit Information Form and I-9 documents to CoE Business Office.

Revised 12/02/2015