Employee Information Form



Room #:

Pager Number:

Instructions:

Building:

Office Phone:

- New Employees Complete Parts 1, 2, 3, 5, 6, 7, 8 & 10 and return to your department.
 Current Employees Complete Part 1 & 10, then only those items that need to be updated or changed.
 Forward form to your department for processing.

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Part 1	Identific	ation	ารเลเบร

Part 1 Identification/Status													
☐ New Empl	oyee 🔲 Re-l	Hire [Change/	Update Data									
Employee's Name (Last Name, First Name, MI) as they appear on your Social Security Card. For Name Changes use form HRSF0046 (Request to Change Primary/Legal Name):							Prefix: ☐ Mr. ☐ D ☐ Ms. ☐ M ☐ Mrs. ☐		Suffix:	□ Sr.			
SBID #:					Social Sec	curity Number:							
Part 2 Em	nployee Cont	act Info	rmation										
Permanent Address:			City:	ty:			County:						
State:	Zip: Country:				Phone Number:								
Mailing Addres	Mailing Address (if different):				City:					County:			
State:	Zip:	Country:				1							
Phone:	I	1	Cell Phone:					Fax:					
Email:													
Part 3 Pe	rsonal Inform	nation											
			New York St	ate Policy Perr	mits Eliciti	ing This Info	orma	ation Following Ap	opointment.)				
S -			s (optiona	orced \square		egally Separated common Law Employee's Birth Date (MM/DD/YYYY): Birth Date (MM/DD/YYYYY): Birth Date (MM/DD/YYYYYY): Birth Date (MM/DD/YYYYYYYYYY): Birth Date (MM/DD/YYYYYYY): Birth Date (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY			Birth Country:				
Citizenship Sta			Are you Hi	spanic or Latir	no? Yes	or No		Protected vete	ran status	1	Retired Public E	mployee:	
☐ US Citizen Birth (Native) ☐ US Citizen Naturalized Please select one or more racia American Indian or Alaska				•		I am a protected veteran Are you a retiree employer in the							
☐ Permanent Resident Asian						I am NOT a protected veteran New York?							
□ Non Resident Alien - Visa Type: ———————————————————————————————————				an		I choose not to identify			No				
Exp. Date: Native Hawaiian or Other P					er								
Unon accessi	ing SOLAR you ha	ve the ont	White		formatio	n at vour	con	venience by adh	pering to the stens	outli	ned helow:		
 Upon accessing SOLAR, you have the option to submit ancestry information at your convenience by adhering to the steps outlined below: Open the link: http://it.stonybrook.edu/services/solar Select 'Solar Login.' Log in to your SOLAR Account. Once within your account, navigate to: Security and Personal Data > Race/Ethnicity/Ancestry Respond to the questions as appropriate. Ensure to click 'Save' or 'Submit.' 													
Part 4 Of	fice Address	and Ph	one										
			This	information wil	ll be publis	shed in the	Fac	culty Staff Director	y			_	

New employees **DO NOT** complete this section. The department will complete it for you.

HSC/UH Floor:

Office Fax:

Zip+4:

Office Phone 2:

Part 5 Skills/Credentials							
Language Skills (Optional):							
ID Badge Data (Credentials):							
Part 6 Emergency Contact							
If needed, more than one contact may be list	ted. Interna	tional facu	ılty and staff p	olease include a local contact.)			
Contact Name (Last, First):	ntact Name (Last, First): Contact Phone Number:						
Relationship to employee (Optional):							
Contact Name (Last, First):	Contact Phone Number:						
Relationship to employee (Optional):							
Part 7 Prior NYS/RF Employment							
Are you now or have you ever been employed by a New York State Agence	y or a State	e Universit	y of New Yorl	k University:			
	te (MM/DD/		•	End Date (MM/DD/YYYY):			
Are you currently employed by the Research Foundation?	☐ Yes	□ No					
Have you ever applied or attended Stony Brook University as a student?	☐ Yes	□ No					
Part 8 Education List most recent first							
Most Recent Diploma/Degree:	Year Earn	ed:	Major:				
School, University or College:	or College: School Address (City, State, Country):						
loma/Degree: Year Earned: Major:							
School, University or College: School Address (City, State, Country):							
Diploma/Degree: Year Ear		ed:	Major:				
School, University or College:		School A	School Address (City, State, Country):				
Diploma/Degree:	Year Earn	ed:	Major:				
School, University or College:		School Address (City, State, Country):					
Part 9 Additional Documents Required for Appoi	ntment						
(Departments Please indicate	additional	informatio	n required fror	m the employee)			
Valid New York State Driver's License ☐ Copy of Degree Valid NYS Commercial Driver's License Copy of License/Professional Certification Other:							
Part 10 Certification I certify the information, which I have provided, is complete and accurate to	o the best o	of my know	vledge.				

Date

Employee Signature