

**College of Education
U of A Employee INFORMATION FORM**

**E
m
p
l
o
y
e
e**

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

**S
u
p
e
r
v
i
s
o
r**

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

**D
e
p
a
r
t
m
e
n
t**

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: _____