

**University of Washington - Tacoma**  
**PERSONAL DATA FORM (For departmental/payroll use only)**

**WHEN DO YOU EXPECT TO GRADUATE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_**

- Staff Hire**
                 
  **Faculty Hire**
                 
  **Temp Staff Hire**
                 
  **Student Hire**

| New Employee Information for Workday  |                                    |  |
|---|------------------------------------|--|
| Employee Name (Last, First & M.I.):   | Social Security Number :           |  |
| UW Email:   | Gender (circle one): M / F         | Birthdate:   |
| Citizenship (please choose one):<br><input type="checkbox"/> US Citizen<br><input type="checkbox"/> Foreign National<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Other (please explain): | Personal Phone:<br><br>Work Phone: | Currently working at the UW in another department:<br><br>Yes / No |

| Address Information       |       |   |       |
|---------------------------|-------|---|-------|
| Local Address             |       | Permanent Address (If other than Local Address) |       |
| Street, Apt. #, Rt., Etc. |       | Street Apt. No., Route, Etc.                    |       |
| City                      |       | City  |       |
| County                    | State | County  | State |
| Zip Code                  |       | Zip Code  |       |

| Emergency Contact Information |            |                |
|-------------------------------|------------|----------------|
| Emergency Contact Name:       | Day Phone: | Evening Phone: |
| Alternate Emergency Phone:    |            |                |

| Education  |  |   |
|--|--|---|
| (check one- student hire)<br><input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Graduate Student                           | Academic Program Enrolled in (student hire):<br><br>No. of credits this quarter:   | Student ID Number:  |
| (Check one – all employees)  |  |   |
| <input type="checkbox"/> 01 No Academic Credit<br><input type="checkbox"/> 02 Grade School<br><input type="checkbox"/> 03 Some High School | <input type="checkbox"/> 04 High Sch. Diploma/Eqv.<br><input type="checkbox"/> 05 Trade Sch. Certificate<br><input type="checkbox"/> 06 Some College | <input type="checkbox"/> 07 Assoc. of Arts<br><input type="checkbox"/> 08 B.A. / B.S.<br><input type="checkbox"/> 09 M.A. / M. AS.<br><input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.)<br><input type="checkbox"/> 11 Ph.D.<br><input type="checkbox"/> 12 Other Degree (e.g. Dr. of Education, Dr. of Science) |

| Hiring Department Information – To be completed by Supervisor or Program Administrator |   |                          |
|--|---|--------------------------|
| New Employee Title:  | Department Name: Teaching & Learning Center                       |                          |
| Quantitative Tutor    Writing Consultant    Office Assistant                           | Pay Costing Allocation (budget): 06-0306                          |                          |
| Supervisor Name:<br>Dwayne Chambers    Kelvin Keown<br>Cara Hale                       | Supervisor Phone:<br>253-692-4778    253-692-4724<br>253-692-5781 | Box Number<br><br>358453 |