

PERSONAL DATA FORM

Effective Date _____

New Update

Form of Address: Mr. Mrs. Miss. Ms. Dr.

Last Name _____ Middle Name _____

First Name _____

Email Address _____

Known as _____ Soc. Security # _____

Birth Date _____ (mm/dd/yyyy) Gender Male Female Nonbinary

Nationality _____ Marital Status Single Married

Name Change Previous Name _____

PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O _____

Street _____

County _____ City _____

State _____ Zip _____

Home Telephone _____ Cell Phone _____

Please include Area Code Please include Area Code

Complete Information No Address No Phone/Address

No Phone Number No Public Listing

OFFICE DETAILS (IT0006-Subtype 3)

Building Name _____ Building No. _____

Street Address _____ Room No. _____

County _____ City _____

State _____ Zip _____ Mail Stop _____

Telephone _____ Fax _____

Please include Area Code Please include Area Code

Would you like the following shared about your office information on the website and outlook?

Complete Information No Address No Phone/Address

No Phone Number No Public Listing

EMERGENCY CONTACT (IT0006-Subtype 4)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (Please include Area Code)

RESIDENCE STATUS (I-9) (IT0094)

U.S. Citizen

Permanent Resident

Non-resident Alien

I-9 Date _____

IMMIGRATION STATUS (IT0048)

Supporting Documentation Required

Country of Citizenship _____

Visa Type _____

Visa Expires _____

Original Date of Arrival to United States _____

Employee Name _____

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity (Check one of these options) Hispanic/Latino Not Hispanic/Latino

Race Category (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Veteran Status (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran Vietnam Era Veteran Other Protected Veteran
 Recently Separated Vet Armed Forces Service Medal Veteran
 Disabled Veteran Non-veteran

Discharge Date _____
(Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

YES NO If yes, what agency? _____

Retired from UT? YES NO

If yes, list department, address, and date(s) of employment. _____

Ever employed by UT, the State of Tennessee, or by a Federal Agency before? YES NO

If yes, complete below:

Agency or Department	Full-time Part-time	Address	Dates	Employed under a different name

EDUCATION (IT0022)

Educational Level _____ Field of Study _____

Name/Location of Institution. _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

Employee Signature _____ Date _____