

COLORADO COLLEGE EMPLOYEE DATA SHEET

PLEASE CHECK:			
<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> OTHER _____

PERSONAL INFORMATION:			
Employee Name (include nickname if used)	Social Security #:	Date of Birth:	
Local Address:	City	State	Zip
Phone: () <input type="checkbox"/> unlisted	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner		

EMERGENCY CONTACT INFORMATION:			
Primary Name:	Relationship:	Phone:	
Address:	City	State	Zip

Secondary Name:	Relationship:	Phone:	
Address:	City	State	Zip

EMPLOYMENT INFORMATION:		
Position Title:	Supervisor:	Date of Employment:
Department:	Office Location:	Campus Extension:

X _____
Employee Signature

Date