

To be completed by the EMPLOYEE
Email to HRTS@albany.edu
ALL FIELDS MUST BE COMPLETED

SUNY ID
EMPL ID

Shaded area for HR use

Appointment Type <input type="checkbox"/> Faculty/Professional <input type="checkbox"/> Classified/Civil Service <input type="checkbox"/> GA/TA/RA or Fellowship				
Prefix <input type="checkbox"/> Dr.	Last Name	Previous Last Name (if applicable)		Suffix:
	Legal First Name	Preferred First Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				M.I.:
<input type="checkbox"/> Other: _____	Personal Email Address			
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No , provide the following: Country of Citizenship: _____ U.S. Status/Visa: _____				
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Group (must select at least one)	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian and other Pacific Islanders	<input type="checkbox"/> White	
Are you a current UAlbany student? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> No	Highest Degree:	Major/Discipline:		Date:
	Institution:	State:	Country:	
Voluntary Self-Identification of Disability	<input type="checkbox"/> Yes, I have (or previously had) a disability <input type="checkbox"/> No, I do not have a disability <input type="checkbox"/> I do not wish to answer	For more information about The University's ADA policy, or to request a reasonable accommodation, please visit our website: www.albany.edu/hr/assets/ADA-Policy-and-Procedure.pdf .		
Military Service Status (select one or more)	<input type="checkbox"/> None	<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Active National Guard	<input type="checkbox"/> Active Military Duty
Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Separation Date: _____		
Protected Veteran Status (select all that apply)	<input type="checkbox"/> None	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	
	<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran	<input type="checkbox"/> Other Protected Veteran	
Most recent, or present NY State position (including UAlbany/student employment)	Title:			
<input type="checkbox"/> I have never been a NYS employee	Name of Agency:		Termination Date:	
Previous retirement system member? <input type="checkbox"/> No <input type="checkbox"/> ERS <input type="checkbox"/> TRS <input type="checkbox"/> Other (specify): _____			Collecting a pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Address:		Local/Mailing (if different):		
Address Line 2:		Address Line 2:		
City:		City:		
State:		State:		
Country:		Country:		
ZIP/Postal Code:		ZIP/Postal Code:		
Home Phone:		Cell Phone:		
Emergency Contact Name:		Ph:	Relationship:	
Department:		Title:		
Start Date:	Supervisor or Contact Person:		Phone:	

Employee Signature: _____

Date _____

Please email ohrm@albany.edu or call 518-437-4700 with any questions regarding this form.
 Please visit our website for additional information, including a list of other required new employee forms: www.albany.edu/hr/