

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 | Last Name | Previous Last Name (if applicable) | Suffix | Sex |
| <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| | Legal First Name | Preferred First Name | M.I. | Gender Identity |
| | Personal Email Address | | | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary |
| | | | | |
| 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"/> Native Hawaiian and other Pacific Islanders | <input type="checkbox"/> Asian <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| 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/orientation.php