

New Non-UAlbany Supervisor Information
Form NCS-1

To be completed by the EMPLOYEE.
Send to the Office of Human Resources, UAB 300 1400
Washington Avenue, Albany, NY 12222
ALL FIELDS MUST BE COMPLETED

SUNY ID
EMPL ID

Shaded area for HR use

Prefix <input type="checkbox"/> Dr.	Last Name:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name:	M.I.:
<input type="checkbox"/> Other: _____		
Date of Birth (MM/DD/YYYY):	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Email Address:		
Work Phone:		
Title:		
Name of Agency:		
UAlbany Campus / MOU Contact Name:		
Comments:		

Employee Signature:

Date

Please email Payroll@albany.edu or call 518-437-4700 with any questions regarding this form.

Please visit our website for additional information: