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| Please submit this completed form to the Human Resources office at least two weeks prior to the appointment effective date. Please complete all applicable fields. Incomplete forms cannot be processed if the required fields are incomplete. | | | |
| Employee Information (to be completed by the employee) | | | |
| Prefix: <input type="checkbox"/> Dr. | Last Name: | Suffix: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | First Name: | M.I.: | SSN: |
| <input type="checkbox"/> Other: _____ | Previous Last Name (*if applicable): | *Date of Birth (MM/DD/YYYY): | |
| U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Country of Citizenship: | | U.S. Visa Type: | |
| 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 | | |
| Highest Degree: | Institution: | State: | Country: |
| Voluntary Self-Identification of Disability | | Date: | |
| <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 | | | |
| Home Address: | | 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: |
| APPOINTMENT INFORMATION | | | |
| Department: | | Title: | Appt Dates: _____ - _____ |
| Description of Duties/Relationship: | | | |
| | | | |
| Campus Address: | | Campus Phone: | |
| Supervisor Name: | | Phone: | |
| Employee Signature: | | Date: | |
| APPROVALS | | | |
| | Name | Signature | Date |
| Supervisor/Dept Head: | | | |
| Dean/Asst/Assoc VP: | | | |
| VP/President | | | |
| Budget: | Log #: | Human Resources: | |