

Classification (Circle one below)				Background Check Completed		
Temporary / Temp Facul	ty/ Faculty / Cla	ssified / Exem	pt START DA	TE:		
Department:						
Supervisor:						
Last Name	First N	lame		Middle Int.	Date of B	3irth
Home Address	City		State	Zip	Telephor	ne
Social Security Number	Count	ry of Citizenship		Marital Status	Gender	
Previous Names Used				Email		
	PREVIC	OUS UI/STATE A	GENCY EMPLOY	MENT:		
Are you currently receiving PERSI retirement income?				Yes	No	
Are you vested in PERSI? (Vesting 5 years)				Yes	No	
Previously Employed by the State of Idaho?				Yes	No	
Include all part-time and te	emporary employ	ment with the l	Jniversity of Idał	no and any other	state agencies. Thi	is
information is used to com	pute service cred	it. (Only include	employment w	ith other State of	Idaho agencies)	
Dates of Employment	Employer	Job Title	Classification	n Lega	al name at time of se	rvice

**Please Note: Your campus mailing address & office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory please contact Human Resources or your supervisor. You will need to request this information to be excluded should you change positions at the University at any time.

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary e-mail account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in VandalWeb.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through my VandalWeb portal.

*Please return this form to Human Resources by fax: 208-885-3602 DO NOT EMAIL!