

## UPDATE EMPLOYEE INFORMATION

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*The Employee Information Form is used to update, or correct, employee information in PeopleSoft HRMS.*

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- |                              |                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>PAR Type:</b>          | Update                                                                                                                       |
| 2. <b>Effective Date:</b>    | Date of Update/Correction                                                                                                    |
| 3. <b>EMPL ID:</b>           | EMPL ID                                                                                                                      |
| 4. <b>Benefits Eligible:</b> | Ben Elig      Full Benefits Eligible<br>Ins Elig      Eligible for Insurance only<br>NonBenElig    Not eligible for Benefits |

*The employee's Name, Preferred Name and Department will populate from PeopleSoft HRMS.*

*Updates to the employee's personal data are to be entered into the applicable fields. Only those fields that are changing need to be entered.*

- |                           |                                                                                                         |
|---------------------------|---------------------------------------------------------------------------------------------------------|
| 5. <b>Name:</b>           | Official Name of Employee<br>Format: Last,First MI                                                      |
| 6. <b>Preferred Name:</b> | Preferred Name of Employee<br>Format: Last,First<br>(Example: Doe,Janice prefers to be called Doe,Jane) |
| 7. <b>Address:</b>        | Employee's Home Address                                                                                 |
| <b>Apt/PO Box:</b>        |                                                                                                         |
| <b>City:</b>              |                                                                                                         |
| <b>County:</b>            |                                                                                                         |
| <b>State:</b>             | TX                                                                                                      |
| <b>Zip Code:</b>          |                                                                                                         |

*Employee's home address must be in the State of Texas. If employee's home address is outside the State of Texas, use employee's temporary Texas address or university address and enter employee's home address in Mailing Address.*

- |                            |                                  |
|----------------------------|----------------------------------|
| 8. <b>Mailing Address:</b> | Employee's Mailing Address       |
| <b>Apt/PO Box:</b>         | (If different from Home Address) |
| <b>City:</b>               |                                  |
| <b>State:</b>              |                                  |
| <b>Zip Code:</b>           |                                  |

EMPLOYEE INFORMATION FORM

All Employees

9. **Highest Ed Level:**
- B Less than HS Graduate
  - C HS Graduate or Equivalent
  - D Some College
  - E Technical School
  - F 2 Year College Degree
  - G Bachelor's Degree
  - H Some Graduate School
  - I Master's Degree
  - J Academic Doctorate (PhD)
  - K Professional Doctorate (MD, DDS, JD)
  - L Post Doctorate
  - M First Professional
  - N Post Master's
  - O Specialist
10. **Public Access:**
- Yes Release Data
  - No Do Not Release Data

**REQUIRED ATTACHMENT:**

PUBLIC ACCESS AUTHORIZATION FORM

11. **Home Phone:** Home Phone Number
12. **Gender:**
- Female
  - Male
13. **Disabled:**
- No No/None Disclosed
  - Yes Yes, has physical or mental impairment that substantially limits one or more major life activities
14. **Marital Status:**
- Divorced
  - Married
  - Separated
  - Single
  - Widowed
15. **Birthdate:** Employee's Birthdate  
Format: MM/DD/YEAR
16. **Citizenship:**
- Alien Perm Lawful Permanent Resident
  - Alien Temp Alien with Temporary Work Authorization
  - Native Citizen of the United States
  - Naturalizd Naturalized Citizen of the United States

**REQUIRED ATTACHMENT:**

DOCUMENTED PROOF OF CHANGE IN CITIZENSHIP STATUS

*Citizenship status is verified on the Employee Eligibility and Work Authorization Form (I-9).*

17. **Ethnic Group:**
- Asian Asian/Pacific Islander
  - Black Black
  - Hispanic Hispanic
  - Am. Indian Native American/Alaskan Native
  - White White

EMPLOYEE INFORMATION FORM  
All Employees

18. **Military Service:**
- Disabled Vet -- Other
  - No Military Service
  - Not a Veteran
  - Not a Vietnam-Era Veteran
  - Not Indicated
  - Orphan of Vet - Kill on active
  - Other Protected Veteran
  - Post-Vietnam-Era Veteran
  - Pre-Vietnam-Era Veteran
  - Vet Survive SP not remarried
  - Veteran of the Vietnam Era
  - Vietnam-Era Veteran

**REQUIRED ATTACHMENT:**

VETERANS STATUS QUESTIONNAIRE

*Military Service status is only required for benefits-eligible employees.*

19. **NID/SSN:** Employee's Social Security Number

**REQUIRED ATTACHMENT:**

COPY OF EMPLOYEE'S SOCIAL SECURITY CARD

**WORK AUTHORIZATION ELIGIBILITY**

*Section only completed at time of hire.*

**INTERNATIONAL EMPLOYEES ONLY**

*This section is only completed for status changes for resident and non-resident aliens authorized to work in the United States.*

**NON-RESIDENT ALIENS ONLY**

20. **Country Code:** Employee's Citizenship Country  
(See Country Code Value Table)
21. **Passport #:** Foreign Passport #
22. **Exp Date:** Foreign Passport Expiration Date

**RESIDENT AND NON-RESIDENT ALIENS**

23. **Visa Code:**
- |     |                                                    |
|-----|----------------------------------------------------|
| F1  | Student Visa                                       |
| H1B | Temporary Employment Visa                          |
| J1  | Exchange Student/Professional/<br>Research Scholar |
| O-1 | Worker with Extraordinary Ability                  |
| TN  | Professional under NAFTA                           |
| 551 | I-551 (Green Card)                                 |
| S   | Employment Authorization Document                  |

EMPLOYEE INFORMATION FORM

All Employees

24. Visa #: Admission # or Alien Registration #  
25. Exp Date: Visa or Work Authorization Expiration Date

**REQUIRED ATTACHMENT:**

DOCUMENTED PROOF OF CHANGE IN VISA STATUS

**SELECTIVE SERVICE**

*This section is only completed for males, ages 18 – 25 who are not non-resident aliens authorized to work in the United States.*

26. Applicable: Check Box  
27. Eff Date: Employee's Date of Registration with Selective Service  
28. Selective Service ID: Employee's Selective Service #

**REQUIRED ATTACHMENT:**

SELECTIVE SERVICE SYSTEM VERIFICATION FORM

29. Remarks: Provide additional information as necessary.

**OTHER ATTACHMENT:**

PERSONAL DATA SHEET

**REQUIRED SIGNATURES**

30. Approvals Required: Preparer  
Department Business Administrator