

## Confidential Employee Information

Connaei	⊔ original ⊔ change				
Note: This fo	rm is complet	ed <u>after</u> an individual is hir	red.		
Please print o	clearly				
Employee name			Effective Date	Effective Date:	
Birth date		Social Security #		☐ Male ☐ Female	
Name change	ē				
Address					
Phone					
Emergency co	ontact				
Emergency co	ontact's phone	<u> </u>			
Emergency co	ontact's addre	ss			
Emergency co	ontact's relatic	nship to you			
*Marital Status	(optional): □ Sir	ngle 🗆 Married 🗖 Divorced 🗖	Legally Separated		
*Race/Ethnicity	y (optional): 🗖 B	lack or African American(not F	Hispanic or Latino) □	1 Hispanic or Latino	
□ Native Hawa	aiian or Other Pa	acific Islander(not Hispanic or	Latino) 🗖 White(no	t Hispanic or Latino)	
☐ Asian(not Hi	ispanic or Latinc	o) 🗖 American Indian or Alaska	n Native(not Hispanic	or Latino)	
☐ Two or Mor	e Races(not His	panic or Latino) All persons wh	no identify with more	e than one of the above	
*Completion o conditions of e		untary and will not affect your	opportunity for emp	oloyment or terms or	
If you are chan	ging your marita	al status, or the number of dep	oendents you have h	as changed, you should	
also fill out a ne	ew W-4 form. F	Please call Payroll at ext. 2654	for a copy of the for	rm.	
*Important not	e: If you are mo	ving out of New York City (Bro	onx, Manhattan, Brod	oklyn, Queens, Staten	
Island) and wisl	h to stop paying	city taxes, please request and	complete a New Yo	ork State Certificate of	
Non-residence	And Allocation	of Withholding Tax form (IT-2	104.1). Payroll has o	copies of this form as	
well.					

## ◆◆STUDENT EMPLOYEES◆◆

Human Resources will use this address on paychecks and for mailing W-2 forms. The Office of the Registrar and the Office of Student Accounts track your other mailing and billing addresses. Please contact them directly if you wish to update their records.