

PERSONAL INFORMATION

Human Resource Services

CHECK APPROPRIATE BOX: STATUS: NEW HIRE - Complete all sections (if applicable). ☐ Faculty ☐ Administrator ☐ Letter of Appointment ☐ Contract Professional Changes - Section 1 Only (Social Security card verification □ Coach □ Staff ☐ Temporary Staff ☐ Campus Affiliate Required for Name Changes) **DATE CHANGES EFFECTIVE:** SECTION 1. PLEASE NOTE THAT ADDRESS IS AVAILABLE TO VIEW BY ALL UM BANNER SYSTEM USERS. (PLEASE PRINT) Name (Last, First. Middle Initial) (If you have worked at the University under another name). Name on Social Security card, if different than above: City State Zip Mailing Address: Social Security Number_____ Birth Date: ____/_ U.S. Citizen? Month Day Year ☐ Yes (Y) Personal Phone □ No (N) (If No, complete Section 4). _____ Campus Phone_ UM Department Campus Building & Room Number_____ ☐ I have received the electronic notification regarding Affordable Care Act (ACA) information. Have you been previously employed by UM? □ No □ Yes → If Yes, approximate last day worked: ___ **EMERGENCY CONTACT INFORMATION** Contact Name Relationship___ (Last, First, Middle Initial) _____ State____ Zip Code____ Contact Address Citv Cell Phone Number Home Phone Number SECTION 2. ALL NEW EMPLOYEES MUST COMPLETE THIS SECTION. RETIREMENT SYSTEM INFORMATION - Have you ever participated in or retired from a Montana Retirement System (TRS or PERS) or TIAA? □ No □ Yes → If yes, please check all that apply and fill in the information below. Teachers' Retirement System (TRS) Employer Dates of Employment Retirement Date TIAA Employer Dates of Employment Retirement Date Public Employees' Retirement System Employer Dates of Employment Retirement Date (PERS) NEW EMPLOYEES MAY COMPLETE THIS OPTIONAL SECTION USED FOR **SECTION 3.** EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS. **ETHNICITY AND RACE** Do you consider yourself to be Hispanic/Latino? ☐ Hispanic or Latino ☐ Not Hispanic or Latino In addition, please select one or more of the following categories to describe yourself: ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander Asian ☐ American Indian or Alaskan Native Tribe Affiliation: ___ SEX: □ Male (M) □ Female (F) MARITAL STATUS: □ Married (M) □ Single (S) □ Domestic Partner □ Disabled Veteran **VETERAN STATUS:** Not Applicable ☐ Armed Forces Service Medal Veteran Active Wartime or Campaign Badge Veteran ☐ Recently Separated Veteran (mm/dd/yyyy): I acknowledge the information above is correct._

EMPLOYEE SIGNATURE

DATE

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SECTION 4.	TO BE COMPLETED ONLY BY THOSE WHO ARE <u>NOT</u> U.S. CITIZENS.
FOREIGN NATIONALS	
Yes No No	Have you provided copies of your Foreign National paperwork to HRS?
	I work or have worked elsewhere on campus or for another MT University System campus. Dates worked to I work or have worked elsewhere on campus and have already submitted a W-4 and I-9. All information is still current.
NOTICE OF TIAA (Retirement System) ELIGIBILITY	
Foreign Faculty wacademic year app	rho are employed at .50 FTE or greater are <u>required</u> to enroll in the TIAA Retirement System after two consecutive cointments.
Foreign Faculty may <u>voluntarily elect to join at the time of hire</u> if employed at .50 FTE or greater. By voluntarily electing participation in TIAA, I understand that a tax-deferred percentage of each paycheck will be automatically deducted. The University of Montana will contribute a percentage of the total covered payroll to TIAA.	
☐ I do not	elect TIAA participation at this time.
	participate in TIAA. I understand that my contributions will begin the pay period following receipt of my ed enrollment application.
I acknowledge th	e information in <u>Section 4</u> is correct:
SECTION 5. JOB LOCATION and STATE OF RESIDENCY – all employees must complete this section	
In order to make sure you are taxed in the appropriate state please answer the following 2 questions. STATE OF RESIDENCY: Where will you claim residency and file state taxes after your employment begins?	
JOB LOCATION: In what state is your physical job located?	

Rev. 04/2022