

**THE UNIVERSITY OF TENNESSEE
PERSONAL DATA FORM**

EFFECTIVE DATE _____

New Update

PERSONAL DATA (IT0002)

Personnel # _____ (Personnel # required on all changes/separations)
 Form of Address: Mr. Mrs. Miss Ms. Dr.
 Last Name _____
 First Name _____ Middle Name _____
 Known as _____ Soc. Security # _____
 Birth date _____ (mm/dd/yyyy) Gender Male Female
 Nationality _____ Marital Status Single Married
 Name Change Previous Name _____

PERMANENT RESIDENCE (IT0006-Subtype 1)

C/O _____
 Street _____
 City _____ State _____ Zip _____ County _____
 Home Telephone _____ Cell Phone _____
Please include Area Code *Please include Area Code*
 Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

OFFICE ADDRESS (IT0006-Subtype 3)

Building Name _____ Building No. _____
 Street Address _____ Room No. _____
 City _____ State _____ Zip _____ Mail Stop _____
 Telephone _____ Fax _____
Please include Area Code *Please include Area Code*
 Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

EMERGENCY CONTACT (IT0006-Subtype 4)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ (Please include Area Code)

RESIDENCE STATUS (I-9) (IT0094)

U.S. Citizen
 Permanent Resident
 Non-resident Alien
 I-9 Date _____

IMMIGRATION STATUS (IT0048) Supporting Documentation Required

Country of Citizenship _____
 Visa Type _____
 Visa Expires _____
 Original Date of Arrival to United States _____

EMPLOYEE NAME _____ 0 _____ 0 _____ 0

PERSONNEL NUMBER _____

ADDITIONAL PERSONAL DATA (IT0077)

Ethnicity (Check one of these options)

Hispanic/Latino

Not Hispanic/Latino

Race Category (Check all that apply. NOTE: More than one box may be checked.)

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Veteran Status (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

- Special Disabled Veteran Vietnam Era Veteran Other Protected Veteran
 Recently Separated Vet Armed Forces Service Medal Veteran Disabled Veteran
 Non-veteran Discharge Date _____ (Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

Yes No If yes, what agency? _____

Retired from UT? Yes No

If yes, list department, address, and date(s) of employment.

Ever employed by UT, the State of Tennessee, or by a Federal Agency before? Yes No

If yes, complete below:

Agency or Department	Full-time		Address	Dates	Employed under a different name
	Part-time				

EDUCATION (IT0022)

Educational Level ▼ Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (IT0022) (additional degrees, if any)

Educational Level ▼ Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (IT0022) (additional degrees, if any)

Educational Level ▼ Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

Employee Signature _____ **Date** _____