**Personal Data Form (PDF)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Employee Type**: | New Employee\* | Current Employee Submitting Data Changes |  |
|  |  |  | **PLEASE TYPE OR PRINT LEGIBLY** |  |
|  |  |  |  |  |
| **V-ID NUMBER** | **PREFIX** |  | **EMPLOYEE LEGAL NAME** (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL) | **SUFFIX** |
|  |  |  |  |  |
| Contact your Personnel | **PREFIX** |  | **PREVIOUS LEGAL NAME** (LAST NAME, FOLLOWED BY A COMMA; FIRST NAME; MIDDLE INITIAL) | **SUFFIX** |
| Administrator for your V-ID # |  |  |  |  |  |
|  |  |  |  |  |  |



**Preferred FIRST NAME if different from above:**

**NOTE: Legal name used must be the name listed with the Social Security Administration. If submitting a legal name change:**

1. **Insert your *current* legal name AND your *previous* legal name in the boxes indicated above.**
2. **Fax this form AND a *copy* of your Social Security card with your *new* legal name to HR at (804) 827-8250 or e-mail to** **hrdocs@vcu.edu.**

**ADDRESS INFORMATION (PPAIDEN)**

PERMANENT ADDRESS (HOME – i.e., where W -2 is mailed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STREET** |  | APT # | CITY |  | **STATE** | **ZIP CODE + 4** |
|  |  |  |  |  |  |  |
| **HOME PHONE** | **CELL PHONE** | **WORK PHONE** | **ALL DIGITS IN ZIP CODE + 4 REQUIRED** |
|  |  |  |  |  |  |  |

WORK CAMPUS BOX ADDRESS (OFFICE)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **P.O. BOX** | APT # | CITY |  | **STATE** | **ZIP CODE + 4** |
|  |  |  |  |  |  |
|  |  |  | **ALL** | **DIGITS IN ZIP** | **CODE + 4 REQUIRED** |
| WORK STREET ADDRESS |  |  |  |  |  |
| **STREET** | APT # | CITY |  | **STATE** | **ZIP CODE + 4** |
|  |  |  |  |  |  |

**ALL DIGITS IN ZIP CODE + 4 REQUIRED**

**PERSONAL INFORMATION (PPAIDEN)**

**DATE OF BIRTH**

**[MO/DAY/YR]**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU**

**A U.S. CITIZEN?**

|  |  |
| --- | --- |
| Yes | No |



**RETIREE/TRANSFER STATUS:**

**ARE YOU A RETIREE FROM VCU OR ANOTHER STATE AGENCY?**

 YES  NO



**IF YES, TYPE OF RETIREMENT:**

 VRS  ORP  VaLORS



**IF YES, DATE OF RETIREMENT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU A TRANSFER FROM ANOTHER STATE AGENCY?** (NO BREAK IN

SERVICE)  Yes  No



**IF YES, LIST AGENCY NAME & PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION - PRIMARY AND ALTERNATE (PPAIDEN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY CONTACT NAME** | **HOME PHONE** |  | **CELL PHONE** |
|  |  |  |  |  |  |
| **HOME ADDRESS: STREET** | APT# | **CITY** |  | **STATE** | **ZIP CODE + 4** |
|  |  |  |  |  |  |
|  |  |  | **ALL** | **DIGITS IN ZIP** | **CODE + 4 REQUIRED** |
| **ALTERNATE CONTACT NAME** | **HOME PHONE** |  | **CELL PHONE** |
|  |  |  |  |  |  |
| **HOME ADDRESS: STREET** | APT # | **CITY** |  | **STATE** | **ZIP CODE + 4** |
|  |  |  |  |  |  |
|  |  |  | **ALL** | **DIGITS IN ZIP** | **CODE + 4 REQUIRED** |

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**EDUCATION INFORMATION (PPAGENL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EDUCATIONAL LEVEL: CHECK HIGHEST LEVEL ACHIEVED AND YEAR COMPLETED** |  | YR HIGHEST |  | # OF YRS – HIGHER |
|  | 01. NO HIGH SCHOOL |  | 04. SOME COLLEGE |  | 07. MASTER'S DEGREE |  | DEGREE |  | ED. TEACHING |
|  |  |  |  | REC'D: |  |  | EXPERIENCE |
|  | 02. HIGH SCHOOL DIPLOMA |  | 05. ASSOC/DIP DEGREE | 08. PROFSNL DEGREE: MD, DDS, JE, etc. |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 03. TRADE CERTIFICATE |  | 06. BACHELOR'S DEGREE | 09. PHD OR OTHER DOCTORATE |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **DEGREE** | **DEGREE TYPE** |  | **YEAR** |  |  | **INSTITUTION** |  |  | **MAJOR** |  |  |  | **MINOR** |
|  | ***(Check ONLY ONE )*** | **REC’D** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Undergraduate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Graduate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Undergraduate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Graduate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Undergraduate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Graduate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **PROFESSIONAL LICENSURE INFORMATION (PPACERT)** |  |  |  |  |  |  |  |
|  | **LICENSE/CERTIFICATE (# and board)** |  |  | **YEAR REC'D** | **EXPIRES** |  | **LICENSE/CERTIFICATE (# and board)** |  |  | **YEAR REC'D** |  | **EXPIRES** |
|  |  |  |  |  |  |  |  |  | **[MO/DAY/YR]** |  |  |  |  |  |  |  |  |  | **[MO/DAY/YR]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **LICENSE/CERTIFICATE (# and board)** |  |  | **YEAR REC'D** | **EXPIRES** |  | **LICENSE/CERTIFICATE (# and board)** |  |  | **YEAR REC'D** |  | **EXPIRES** |
|  |  |  |  |  |  |  |  |  | **[MO/DAY/YR]** |  |  |  |  |  |  |  |  |  | **[MO/DAY/YR]** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

* **PERSONNEL ADMINISTRATOR (or Designee) completes the following sections *for new employees*:**

**CRIMINAL CONVICTION INVESTIGATION**

***CHECK ONLY ONE BOX BELOW …***

**THIS POSITION IS NOT SENSITIVE – HIRERIGHT BACKGROUND CHECK HAS BEEN COMPLETED AND WE HAVE BEEN NOTIFIED OF THE RESULTS.**

****

**THIS POSITION IS SENSITIVE – A FINGERPRINT CHECK HAS BEEN COMPLETED WITH VCU CAMPUS POLICE.**

****

**THIS NEW EMPLOYEE IS ON A VISA AND DOES NOT YET HAVE A SOCIAL SECURITY NUMBER. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.**

****

**THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT. NO CRIMINAL CONVICTION BACKGROUND CHECK IS REQUIRED.**

****

**THIS NEW EMPLOYEE HAS A DOHA, QATAR (VCUQ) RESIDENCY PERMIT BUT NO CID CHECK DONE. HIRERIGHT CHECK IS REQUIRED.**

****

**FORM I-9**

***CHECK ONLY ONE BOX BELOW …***

**PA HAS LOGGED INTO HIRERIGHT AND COMPLETED AN ELECTRONIC FORM I-9.**

****

**PA HAS COMPLETED A PAPER FORM I-9 (ONLY PERMITTED IF EMPLOYEE WORKS AT A REMOTE LOCATION AND CANNOT BRING SUPPORTING DOCUMENTS TO VCU FOR REVIEW).**

****

**THIS NEW EMPLOYEE HAS BEEN HIRED TO WORK EXCLUSIVELY IN DOHA, QATAR (VCUQ). NO FORM I-9 IS REQUIRED.**

****

**THIS EMPLOYEE WAS HIRED *ON OR BEFORE* NOVEMBER 6, 1986, HAS MAINTAINED CONTINUOUS VCU EMPLOYMENT AND IS EXEMPT FROM THE FORM I-9 PROCESS.**

****

**I certify that I have reviewed the completeness of this Personal Data Form (PDF) and have added any relevant address information as needed.**

***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personnel Administrator (or Designee)\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

* **Personnel Administrator (or Designee) also must sign this form for new employees. This form should be included in the new hire paperwork.**

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