

TEXAS STATE UNIVERSITY | SAN MARCOS

Faculty/Graduate Student Employee Personal Data

(Rev.6/2006)

SSN \_\_\_\_\_

Title\* Mr. Ms. Mrs. Dr.

Name\* \_\_\_\_\_ Known as \_\_\_\_\_

Please check one:  New hire (never worked for the University before)  Rehire

Marital Status  Single  Married Date of Birth \_\_\_\_\_

Home Phone\* ( ) \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address\* \_\_\_\_\_

City State Zip Code

Privacy  Yes  No {If privacy is selected (yes), your home address and phone will not appear in the Campus Wide Information System or Texas State University Directory. In addition, your social security number and information regarding family members will not be released in requests for open records.}

Have you ever worked for the Texas Department of Criminal Justice or any State entity previously responsible for functions of TDCJ or any of its divisions?  Yes  No If yes, please mark "yes" for Privacy above.

Ethnic Group  Other (0)  White (1)  Black (2)  Hispanic (3)  Asian or Pacific Islander (4)  American Indian or Alaskan Native (5)

U.S. Veteran  No  Yes  Vietnam Era  Disabled % of Disablement \_\_\_\_\_

Veteran's employment preference, check if applicable: (Individuals claiming preference must provide appropriate documentation.)

- Veteran honorably discharged who served at least 90 consecutive days during a national emergency; or less than 90 consecutive days and discharged due to a service-connected disability.
 Surviving spouse (not remarried) of veteran killed while on active duty.
 Child of veteran killed while on active duty.

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Building \_\_\_\_\_ Office Suite \_\_\_\_\_ Personal Room # \_\_\_\_\_ Phone \_\_\_\_\_

Prior State Service (Not applicable for graduate students)

List below all previous State of Texas employment for verification of state service credit for sick leave balance restoration or vacation accrual rate. (Local school district and community college employment is not eligible.)

Table with 5 columns: Agency Name, City, Dept., Student Worker, Date(s). Includes Yes/No checkboxes for Student Worker.

Please list any former names used during prior state service: \_\_\_\_\_

(Over)

I am a direct transfer to Texas State University from another state agency or institution  No  Yes

If yes, where did you transfer from? \_\_\_\_\_

If you were working for the State of Texas on 8/31/95, have you left employment for more than 12 months?

\_\_\_No \_\_\_Yes \_\_\_N/A Since 9/1/05, have you left State employment for more than 30 days? \_\_\_No \_\_\_Yes

If no to both, where/when did you work? \_\_\_\_\_

I am currently employed with another state agency or institution  No  Yes

If yes, where? \_\_\_\_\_

(You must submit **required** multiple employment request forms to your Department Head for approval.)

I am currently active in the Optional Retirement Program  No  Yes

I am currently an active member of TRS  No  Yes I have cashed in a TRS account  No  Yes

I am a retiree with \_\_\_\_\_ TRS \_\_\_\_\_ ORP \_\_\_\_\_ ERS \_\_\_\_\_ None

Where did you retire from? \_\_\_\_\_ Retirement Date \_\_\_/\_\_\_/\_\_\_

**Are you holding any public elective office for which you are receiving compensation?**  No  Yes

(Generally any agency position with federal, state, county or municipal offices).

**Person(s) to contact in case of an emergency:**

Name	Relationship	Phone
_____	_____	( ) _____
_____	_____	( ) _____

**Employee Acknowledgement:** I acknowledge that I have received these documents and have been informed of the relevant web site for the Faculty Handbook. I understand that I am responsible for reading all the information provided, and agree to comply with all Texas State University-San Marcos procedures, policies, and conditions of employment. I understand that my department or Human Resources will provide me with assistance should I have questions concerning this information.

Continuation Coverage Notification (COBRA)  
Standards of Conduct Notice  
The Federal Immigration Reform & Control Act  
Multiple Employments with the State Notice  
State Property Accounting and Responsibility Notice  
Drug Free Workplace Notice

Notice of Workers Compensation Insurance  
Illegal Discrimination Notice  
Retaliation Prohibited for Reporting Violation of Law Notice  
Political Aid and Legislative Influence Prohibited Notice  
Aids in the Workplace Notice  
HIPAA – Summary Notice of Privacy Practices

Faculty Handbook: [www.txstate.edu/academicaffairs](http://www.txstate.edu/academicaffairs)

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Texas State University collects on me.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** (\*) indicates information which will appear in the Texas State University Directory. All other information is collected for required reporting purposes.