

Employee Information Form

Instructions:

You can update this information online by loggin in to your WorkDay account here: https://workday.utexas.edu/. If you do not have access to the online system, print a copy of this form, complete it, and return it to your supervisor or the HR Contact in your department. **DO NOT RETURN THIS FORM TO HUMAN RESOURCES.**

First name		Middle name			Last name
LITEID		-1			
UT EID	E-m	all			Home phone
Street address					
City					State Zip code
Office Location					Information Release Do Not Release My
Primary location					(Mark all that apply)
	Building	Room	Office	phone	Social Security Number
Secondary locatio	on				Family Information
, , , , , , , , , , , , , , , , , , , ,	Building	Room	Office	phone	Home Address(es)
	_				☐ Home Phone Number(s)
Pager		Fax		Campus mail code	Emergency Contact
Emergency Cont	tacts			·	Ethnicity A Vos No
Primary contact	tucts				Are you Hispanic? Yes No
Timary contact					Race (check all that apply) American Indian/Alaskan native
Name		Relationship			_ Asian
					Black
Phone 1		Phone 2			Native Hawaiian/Pacific Islander
Secondary contac	t				○ White
					Gender O Male O Female
Name		Relationship			Education
					Indicate highest level of education achieved. Less than high school
Phone 1		Phone 2			High school diploma/GED
Teaching Experience					Associate's degree
Please indicate the years of HIGHER education teaching experience you have (excluding TA experience)					
Total years of teaching experience					Certificate of completion
Total years of teaching experience at UT Austin					Bachelor's degree
					Master's degree
Former Foster Children Are you less than the age of 25 and an orphan under permanent managing					Professional degree (LLB, JD, ThD, PharmD)
conservatorship of the Department of Family and Protective Services (DFPS)?					Ooctorate (PhD,EdD)
○ Yes ○ No					Medical degree (MD, DVM, DDS)
					Highest degree abbreviation
Signature of emplo	yee		EID	 Date form signed	Year degree completed