

University of Maryland Employee Data Collection Form

1. Employee Information

Social Security #:	Last Name:	First Name:	Middle Name:
Suffix Name: II III IV V Jr. Sr. None	Birth Date (mm/dd/yyyy):	Gender (check one): Female Male	Retired from State of Maryland (check one): Yes No
Citizenship/Visa Status:	Citizenship Country:	Visa or Perm Res #:	
Racial Identity (select one or more): Not Reported White Black or African American Asian Amer. Indian or Alaska Nat. Nat. Hawaiian or Other Pacific Islander	Military Status (check one): Non-Veteran Veteran Vietnam Veteran Active Reserve Retired Special Disability	Highest Education Level (check one): Less than 7 th Grade 7 th , 8 th , 9 th Grade Completed 10 th , 11 th Grade Completed High School Grad or GED Some Bus Coll Trade (HS Grad) Associate Degree Earned Bachelor's Degree Earned Some Graduate Study Advanced Grad Specialist (AGS) Master's Degree Earned Doctoral Degree Earned First Professional Degree Earned	Publish in Public Directories? All Information No Permanent Address No Permanent Phone No Perm Address/Phone
Hispanic or Latino Origin? Yes No			

2. Employee Address Information

Business/Office Address:	City:	State:	Zip Code:	Phone:
Payroll Address:	City:	State:	Zip Code:	Phone:

3. Employee Email Address Information

Primary Email Address:

4. Employee Education Information (include any additional degrees in email)

Institution:	Degree & Concentration:	Degree Date (yyyy/mm):
Institution:	Degree & Concentration:	Degree Date (yyyy/mm):