## STATE UNIVERSITY OF NEW YORK AT OSWEGO

## FACULTY/STAFF INFORMATION FORM

The following information is requested for Human Resource records only and will not be issued to any person other than for reporting purposes connected with your appointment as an employee of SUNY Oswego.

This information is required to process payroll records. Please return this form to the Office of Human Resources in Culkin Hall as soon as possible.

Date:		
	Last F	First Middle
Home Address:		
Phone Number:		
Campus Address: De	epartment:Building:	
Are you a citizen of	the United States? Yes	*
	a citizen, please indicate your Visa ty piration date of your Visa? enship:	pe:
Gender:		<u>~</u>
Date of Birth:		, A
Emergency Contact ( Name Relationship	Primary Contact	Secondary Contact (optional)
Address Daytime Contact	-	

<b>Educatio</b>	n (i.e., HS, BA, BS, N	1BA, PhD, etc.)	
Degree (s		Year	College/Institution
5-0	<del> </del>	1 <del>7 - 18 - 18 - 18 - 1</del>	
		2. <del>2.2.2.</del> 3	
V			
	al Licenses or Certific ) in Progress:	cate Programs:	
Race and requirement		all that apply) (fo	r compliance with state and/or federal reporting
<b>Ethnicity</b>			
-,			an, Mexican, Puerto Rican, South or Central origin, regardless of race.
	Not Hispanic or L	atino	
Race			
	peoples of North ar	nd South America (i	A person having origins in any of the original including Central America), and who maintains iliation or community attachment.
	Asia, or the Indian	subcontinent includ	of the original peoples of the Far East, Southeast ling, for example, Cambodia, China, India, Japan, ne Islands, Thailand, and Vietnam.
-	Black or African A Africa.	.merican- A persor	n having origins in any of the black racial groups of
(	Native Hawaiian or Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<del></del>	White- A person ha North Africa.	ving origins in any	of the original peoples of Europe, the Middle East, or
Please als	so fill out attached	forms	
□ Invitati	on to Self-Identify	tor Veterans	
	CONTRACTOR OF THE CONTRACTOR O		
□ Self Ide	ntification of Disal	oility form	