



LAWRENCE UNIVERSITY

EMPLOYEE DATA FORM

Effective Date: \_\_\_\_\_

Legal Name (Used on Social Security Card):

Last

First

MI

Preferred Name (Professional Name/Nickname, if applicable):

Note – The preferred name will be used for general university correspondence and in the employee email address creation.

Last

First

MI

Do you have any previous association with the college? (Example: Former student, former staff/faculty, etc.)

No  Yes, Explain: \_\_\_\_\_

If Yes, Maiden/Former Name: \_\_\_\_\_

Marital Status:  Married  Single  Domestic Partnership  Widowed  Divorced

Sex:  M  F \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
(Street)

\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
(City, State, Zip)

University policy is to publish home address and phone numbers in our online Employee Directory. If you do not want your information to be included, please check this box.  DO NOT PUBLISH

Personal Email Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
(Street)

\_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
(City, State, Zip)

Work: ( ) \_\_\_\_\_

FOR OFFICE USE ONLY:

Banner/LU ID# \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_



# EMPLOYEE DATA FORM, Continued

**Name:** \_\_\_\_\_  
*Last Name*
*First Name*
*MI*

- If applicable, please complete each field below in its entirety. Use additional sheets as needed.
- If not applicable, please write N/A and return form to Human Resources.
- Spouse/Domestic Partner and Dependents aged 16 – 26 may receive a Lawrence University ID card upon request. The ID card will allow use of the Seeley G. Mudd Library and the Buchanan Kiewit Wellness Center. It also allows reduced price/free admission to LU concerts and events. You may also add Viking Gold for reduced meal costs in Andrew Commons.

**Dependent Information:**

| Spouse / Domestic Partner             |   |
|---------------------------------------|---|
| <b>Legal Name</b>                     |   |
| <b>Preferred Name</b> , if applicable |   |
| <b>Address</b>                        | <input type="checkbox"/> Same as employee   |
| <b>Telephone Number</b>               | <input type="checkbox"/> Same as employee <input type="checkbox"/> Home (    ) <input type="checkbox"/> Cell (    ) |
| <b>Date of Birth</b>                  | <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>LU ID Card Requested</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| Dependent Child                       |   |
|---------------------------------------|---|
| <b>Legal Name</b>                     |   |
| <b>Preferred Name</b> , if applicable |   |
| <b>Address</b>                        | <input type="checkbox"/> Same as employee   |
| <b>Telephone Number</b>               | <input type="checkbox"/> Same as employee <input type="checkbox"/> Home (    ) <input type="checkbox"/> Cell (    ) |
| <b>Date of Birth</b>                  | <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>LU ID Card Requested</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| Dependent Child                       |   |
|---------------------------------------|---|
| <b>Legal Name</b>                     |   |
| <b>Preferred Name</b> , if applicable |   |
| <b>Address</b>                        | <input type="checkbox"/> Same as employee   |
| <b>Telephone Number</b>               | <input type="checkbox"/> Same as employee <input type="checkbox"/> Home (    ) <input type="checkbox"/> Cell (    ) |
| <b>Date of Birth</b>                  | <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>LU ID Card Requested</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| Dependent Child                       |   |
|---------------------------------------|---|
| <b>Legal Name</b>                     |   |
| <b>Preferred Name</b> , if applicable |   |
| <b>Address</b>                        | <input type="checkbox"/> Same as employee   |
| <b>Telephone Number</b>               | <input type="checkbox"/> Same as employee <input type="checkbox"/> Home (    ) <input type="checkbox"/> Cell (    ) |
| <b>Date of Birth</b>                  | <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>LU ID Card Requested</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

| Dependent Child                       |   |
|---------------------------------------|---|
| <b>Legal Name</b>                     |   |
| <b>Preferred Name</b> , if applicable |   |
| <b>Address</b>                        | <input type="checkbox"/> Same as employee   |
| <b>Telephone Number</b>               | <input type="checkbox"/> Same as employee <input type="checkbox"/> Home (    ) <input type="checkbox"/> Cell (    ) |
| <b>Date of Birth</b>                  | <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>LU ID Card Requested</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |