

* New Employees: Complete all fields
 * Data Changes: Enter CWID and update changing data only

PLEASE USE BLUE OR BLACK PEN - PRINT CLEARLY

Department _____

CWID _____

<input type="checkbox"/> New Employee	<input type="checkbox"/> (If this is a Name Change) Former Name	Change Effective Date	
<input type="checkbox"/> Change Information			
Full Legal Name (Last Name)		First Name	M.I. Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Have you worked previously for Pepperdine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates: _____	
HIGHEST EDUCATION LEVEL COMPLETED: Enter the most appropriate letter from list below: <input style="width:40px; height:20px;" type="text"/>			
B. Less than High School Completion		F. 2 Year College Degree	
C. High School graduate or equivalent		G. Bachelor's Level Degree	
D. Some College		I. Master's Level Degree	
E. Technical School		J. Doctorate (Academic)	
K. Doctorate (Professional)			N. No Formal Education
			P. Ph.D
Marital Status			Social Security Number
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Home & W2 Address: (Number, Street Name & Apt. #)		City	State Zip
Mailing Address: (Number, Street Name & Apt. #)		City	State Zip
NOTE: To change the delivery location of your paycheck, you must contact the Payroll department.			
Home Phone: ()	Cell Phone Number: ()	Fax Number: ()	
ETHNIC BACKGROUND: Compliance with this request is consistent with U.S. Department of Labor regulations mandated by Federal Executive Orders 11246 and 11375. This is confidential information and is not used in making personnel decisions. The University is obligated to make visual ethnic identification of individuals who did not complete this item. Enter the most appropriate number from the list below: <input style="width:40px; height:20px;" type="text"/>			
01 - White		02 - Black	
03 - Hispanic or Latino		04 - Asian or Pacific Islander	
05 - American Indian/Alaskan			
RELIGIOUS AFFILIATION: Please enter the most appropriate number from the list below: <input style="width:40px; height:20px;" type="text"/>			
00 - Decline to State		10 - Jewish	
01 - Assembly of God		11 - Church of Jesus Christ of L.D.S. (Mormon)	
02 - Baptist		12 - Lutheran	
03 - Buddhist		13 - Methodist	
04 - Catholic		14 - Church of God	
06 - Church of Christ		15 - Greek Orthodox	
07 - Congregational		16 - Presbyterian	
08 - Disciples of Christ		17 - Seventh Day Adventist	
		18 - Unitarian	
		19 - None	
		20 - Other	
		21 - Undeclared	
		22 - Christian Church	
		23 - Protestant	
		24 - Episcopal	
		25 - Islam	
Emergency Contact:			
First Name	Last Name	Phone Number	Relationship
I affirm that the above information is true			
Signature _____		Date _____	