



2017-2018 Federal Work Study Employee Information Form

Employee Number _____

Employee Name _____
First Middle Initial Last

Social Security # _____ Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

In case of emergency, contact _____ Phone # _____

Mitchell recently implemented an emergency notification text messaging system. The system will be used to send out notifications in case of emergency and weather-related closings or delays. This notification is for the College to notify YOU.

Please register your contact information on mitchellcc.edu.

New Employee **Date of Birth** Month _____ Day _____ Year _____
 Male Female *Physically Handicapped* Yes No

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Pacific Islander White

Education (check one)

- Less than high school High school or equivalent One year of college
 Vocational diploma Two years of college Three-four years of college
 Associate's degree Bachelor's degree Master's degree
 Doctoral degree Educational specialist

Are you a U.S. citizen or a permanent resident alien? Yes No OR non-resident alien? Yes No

TO BE COMPLETED BY HUMAN RESOURCES

Effective Date of Change _____ New employee Returning employee

Federal Work-Study Position with _____

Department <u>UFWS</u>	Branch <u>BS</u>	Job Class
Position <u>PSC-UFWS</u>		EEOC Code <u>IV5</u>
Status: <u>STU</u>		Leave Table <u>N/A</u>
Pay cycle <u>PT</u>	Code <u>H</u>	Rate <u>\$8.25</u>
By source <u>25%</u>		Account No. <u>02-131-00-516030-66630</u>
By source <u>75%</u>		Account No. <u>02-131-00-516030-93180</u>
Tax status and exemptions <u>W4</u> _____		NC4 _____