## **HUMAN RESOURCES INFORMATION**

Name:					Finat.			N 4: al	lalla	
Last				First			Middle			
Prefix:	Dr.	Mr.	Mrs.	Ms.	Rev.	Source:	FAC	STF	VOL	
Preferred	Name:					Maiden Name	e:			
Previous	Affiliatio	n with BS	C: Yes	No	If Yes:	Applicant	Student	Emplo	oyee	Vendor
SSN:						Birth Date: _				
Marital St					Gender:	М				
					HIS Hispa					
Race: AN	Americar	n/Alaska Na	tive AS	Asian	BL Black or Af	frican American	<b>HP</b> Hawai	ian/Pacific	Islander	WH White
Phone: ho	ome			cell						
(PREL) S	oouse Na	i <b>me</b> :	Firs	t	Middle Initial	_Religious Ide	entificatio	n:(Optiona	al):	
(EMER) E	Emergend	cy Contac	t Name aı	nd Pho	one:					
Department: (OF				(OFF	l) Building:	Office Rm.#:				
Extension	n:	C	ampus B	ox:		(POSS) Super	visor:			
OFFICE U	SE ONL	 Y								
Start Date:			Po	sition:	Faculty	Staff /	Full-ti	me P	art-time	
POSITION:	Title					Positi	on #			
SALARY:			DA	TATEL	ID #:	SOC Code	:		GHG:_	
Faculty on Tenure Typ		ne only (PS	TA): Tenu	red	Non-Tenured, on	track Non-T	enured, not	on track		
IPEDS Fun	ction: (PS	STA): IO-ins	truction on	ly						
PWAG Cor	ntract leng	<b>yth</b> : 9 montl	ns (FT only	) <b>IP</b>	EDS contract ty	<b>pe</b> : Annual (FT)			` •/	
(ETAX) FE	D	EPOV	/Y	_	Bank Code:			RECT DEP S	0511:	
TAXES: A	L	PPO	s		Acct#:		Dep. Amt-\$	S	_/REM	
(LVS) LEA	<b>VE</b> : A	.S <mark>P</mark> 1	NAG if FAC	C/ADJ_	(BNDS	S) BENEFITS DE				
I-9/E-verify	(date cor	npleted)	V	V4 (dat	e completed)					