

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

IDENTIFICATION & CONTACT INFORMATION

Name: _____ **Banner ID:** _____

(To change your legal name, submit W4 cards and a copy of the social security card bearing the new name.)

I am a former SIUE student and/or employee; however, my past SIUE records are stored under the following name(s), not my current legal name: _____

Preferred First Name (other than legal name): _____

Status: I am a new SIUE employee _____ I am a current SIUE employee _____

Address & Phone: New employees please enter your **mailing address** and phone number(s) below. *Address and phone changes should be made through Banner Self-Service.* Login to Self-Service through the HR Home Page under CougarNet at www.siu.edu/humanresources. **Phone:** _____ **Cell:** _____

Mailing Address w/City, State & Zip: _____

Confidential Record Indicator: By checking this box, I am indicating that I DO NOT authorize nor consent to the disclosure, release or publication of my personal contact information (home address, home telephone number, spouse information) in a directory publication and/or for University-related events, promotions, notification and/or mailings. (NOTE: Please contact the Office of the Registrar to determine what information on your student records will also become confidential if this option is selected for your employment records).

MARITAL STATUS & EMERGENCY CONTACT INFORMATION – please make changes to existing information by logging in to Banner Self-Service through the Human Resources Home Page under CougarNet at www.siu.edu/humanresources.

| | | | |
|------------------------|-----------------------------|----------------------------|--------------------------------------|
| Marital Status: | Divorced (D) Married (M) | Other (O) Separated (P) | Rather Not Specify (R) Single (S) |
|------------------------|-----------------------------|----------------------------|--------------------------------------|

Spouse's Name: _____

Spouse's Address: _____

Spouse's Phone: _____ / _____ - _____

Emergency Contact (if other than or in addition to spouse):

Relationship: _____ **Name:** _____

Address: _____

Phone: _____ / _____ - _____

CAMPUS ADDRESS & PHONE INFORMATION (for changes not submitted on an employment contract)

Box No.: _____ Building: _____ Room No.: _____ Phone: _____

Campus/Location: Alton _____ E. St. Louis _____ Edwardsville _____ Springfield _____ Carbondale _____

OTHER BIOGRAPHICAL INFORMATION

Gender: Male Female

Please answer the following questions to assist SIUE's efforts to comply with civil rights legislation and mandatory reporting to Federal and State agencies. (Definitions for each of these responses are available on the Human Resources Forms web page, in addition to this Data Collection/Change Form.)

Do you consider yourself Hispanic or Latino? Hispanic or Latino _____ Not Hispanic or Latino _____

Racial Categories - please select one or more of the following that describe you:

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

Country of citizenship (if other than the United States): _____

Employee Signature: _____ Date: _____

VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS

SIUE is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

| | |
|--|------------------------------------|
| Disabled Veteran | Armed Forces Service Medal Veteran |
| Recently Separated Veteran – Date (mm/dd/yy) | I am NOT a protected veteran. |
| Active Duty Wartime or Campaign Badge Veteran | |
| I am a protected veteran, but I choose not to self-identify the classifications to which I belong. | I don't wish to answer. |

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Southern Illinois University Edwardsville (SIUE) fully embraces the policy of affirmative action and equal opportunity for individuals with disabilities and veteran status as required by the Rehabilitation Act of 1973, the Vietnam Era Veteran's Readjustment Act of 1974, the Uniformed Services Employment and Reemployment Rights Act of 1994, the Americans with Disability Act of 1990 (ADA) and the Illinois Human Rights Act as amended. SIUE's discrimination policy prohibits discrimination on the basis of disability in employment practices and policies or the provision of services, educational programs and activities, and other programs or benefits offered by Southern Illinois University Edwardsville.

It is the policy of SIUE not to discriminate against any employee or applicant for employment because he or she is a qualified individual with a disability, a disabled veteran, a newly separated veteran, a campaign veteran, or an armed forces service medal veteran (i.e., qualified protected veterans). It is also the policy of SIUE to take affirmative action to employ and to advance in employment, all persons regardless of their status as qualified individuals with disabilities or qualified protected veterans, and to base all employment decisions only on valid job requirements. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, tenure and promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation.

Employee Name _____ **Department** _____

Signature of Employee _____ **Date** _____

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

SIUE is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973 as amended and must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Providing this information is voluntary and any answer you give will be kept private and will not be used against you in any way.

Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to: Blindness, Deafness, Cancer, Diabetes, Epilepsy, Autism, Cerebral Palsy, HIV/AIDS, Schizophrenia, Muscular Dystrophy, Bipolar Disorder, Major Depression, Multiple Sclerosis (MS), Missing Limbs or Partially Missing Limbs, Post-traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder, Impairments requiring the use of a wheelchair, Intellectual Disability.

Please check one of the boxes below.

Yes, I have a disability (or previously had a disability).

No, I don't have a disability.

I don't wish to answer.

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or perform your job. Examples of reasonable accommodation include making a change in the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Employee Name

Department

Signature of Employee

Date