Job #: _____

☐ Faxed Date: ___/___/___
☐ Phoned Date: ___/___/___

☐ ADD New Employee Information
☐ EDIT Existing Employee Information

Employee Information

(All italicized items must be filled from drop-down lists.)

Personal

1. Last Name: _____ First: _____ MI: _____

2. Street:_____

City:_____ State: _____ Zip: _____- _____

Employee

3. Date Entered On Duty: _____/_____/_____ **4.** Type: ☐ DAE/DTE ☐ LH ☐ PFT

5. Organization:_____ **6.** Section: _____

7. Branch: _____ 8. Unit: _____

9. Deployment Status: ☐ Deployed ☐ Hold ☐ Available ☐ Not Available

10. Employee Status: ☐ Active ☐ Terminated **11.** SS#: _____-_____-_____

12. Birth Date:___/___/___ 13. Sex: ☐ Male ☐ Female 14. Grade & Step: _____

15. Series: _____ 16. Salary: _____ 17. Period: _____

18. Pay Type: ☐ GS ☐ AD ☐ Other ⇒_____ 19. AMEX Card: Y N

Employee Phone

20. (____) _____-_____ Ext: _____ *Type*: _____ Notes: _____

(____) _____-_____ Ext.: _____ *Type*: _____ Notes: _____

(____) _____-_____ Ext.: _____ *Type*: _____ Notes: _____

Emergency Contact

21. Last Name: _____ First: _____ MI: ___

22. Type: ☐ Permanent ☐ Temporary 23. *Relationship*: _____

24. Notes:_____

25. (____) _____-_____ Ext.: _____ *Type*: _____ Notes: _____

Job Titles (If more than three, use back of form.)

Primary	*Job Type*	*Program Area*	Job Title	*Proficiency*
26. Ö	_____	_____	_____	_____
27. -	_____	_____	_____	_____
28. -	_____	_____	_____	_____

Language

29. ***Language:***