

UNIVERSITY OF MARYLAND
PERSONNEL SUPPLEMENTAL DATA INFORMATION FORM
(To be completed with initial appointments or whenever an employee's information changes)

Social Security Number Last Name First M.I.

Birthplace (Country or State if US citizen) Citizenship (if other than US)

Marital Status (Optional) Racial Identification

Birthdate Gender **Currently available racial categories:**
0 Undeclared or Unknown
1 American Indian
2 Black or African American
3 Asian
4 Hispanic
5 White

VETERAN STATUS:

- NV Not a Veteran
- 1 Vietnam Veteran (8/5/64 – 5/7/75)
- 2 Other Veteran
- 3 Disabled Veteran

DISABILITY STATUS:

- Y (Yes) Disabled
- N (No) Not Disabled

**** CAMPUS ADDRESS ****

Building, Room Number Campus Phone Campus Department

Preferred Email Address: _____
(Max. 40 characters)

Campus Job Title: _____
(Max. 39 characters) (Descriptive Campus Title, if different than your Official University Title)

**** FACULTY/STAFF TELEPHONE DIRECTORY ****

Please check your publication preference

- 1 Publish complete entry (all information)
- 2 Do not publish my home address and home phone number
- 3 Do not publish my home address
- 4 Do not publish my home phone number
- 5 Publish my Campus Job Title, rather than my Official University Title

Please note: This form must be submitted with a payroll entry when a payroll item, such as social security number, employee name or department, is changed. To change non-payroll items, such as campus address, please provide the employee name and social security number information, as well as the data requiring a change. Submit this form directly to the Personnel Services Department, 1101 Chesapeake Building, University of Maryland, College Park, MD 20742-3121. (G:\dv-suppl.wpd 7/98)