Date of Employment _____
Employee Class _____

Employee Category _____
ORGN Code _____
IPEDS Primary Function _____

EMPLOYEE IDENTIFICATION FORM

Northeast Mississippi Community College

This form must be completed by all persons receiving payroll checks. For any revisions to the information originally submitted, employee may fill in name and the information that should be changed.

NAME _____
Last First Middle
(List full legal name as it appears on Social Security records.)

Social Security Number _____

Address (permanent mailing address) _____

City _____ State _____ Zip Code _____

Telephone Number _____County _____

Date of Birth: Day _____ Month _____ Year _____

Martial Status _____ Male ___☐___ Female ___☐___

Are you Spanish/Hispanic/Latino? Yes ___☐___ No ___☐___

What is your race? Mark one or more races to indicate what you consider yourself to be.

___☐___ White
___☐___ Black or African American
___☐___ American Indian or Alaskan Native
___☐___ Asian
___☐___ Native Hawaiian or Other Pacific Islander

Driver's License Number _____ Exp. Date _____
If not Mississippi Driver's License, list state _____

Are you an active member of the Mississippi Public Employees' Retirement System (PERS)?
_____ YES _____ NO

If yes, list name of employer _____

Contact Person (In Case of Emergency)

NAME _____
Relationship _____
Address _____
Telephone Number _____
(Work) (Home) (Cell)