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 _____

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**Contact Person (In Case of Emergency)**

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