

Note: For New Hires or name changes attach a photocopy of your Social Security Card. This is required for IRS reporting purposes.

CHECK ONE: New Hire Information Changes (Provide only information that has changed)					
NOTE: Always include contact information for New Hire or Information Changes. *					
Your name must be writt	en exactly as it ap	pears on your	· social se	curity care	d.
First: Mid					Suffix (i.e., Jr, Sr)
Is this a name change? For staff and faculty, contact Human Resources Benefits Administration, <u>benefits@jmu.edu</u> . Yes Change email ID to match new name Leave email ID as it is currently No					
Social Security Number: (New Employees Only)			Employee ID:		
Academic Level: (Student Employees Only)			Student ID:		
This Section to be Completed for Email ID Changes					
JMU Email:		Contact Te	<u> </u>		
Permanent Address (To be used for Payroll purposes only. W-2s will be sent to this address. It is recommended that students use their parents' home address.)					
Street Address:					
City:			State:		Zip Code:
Phone:	Date of Birth:		Gender:	M F	US Citizen: Yes No
Personal Email (not a JMU email):					
Emergency Contact Information (Additional information should be updated in MyMadison)					
Emergency contact micrimation (riad		1)	
3 .	*Contact's Phone:	I		ct's Alternat	te Phone:
3 .	*Contact's Phone:	*	*Contac	ct's Alternat	te Phone:
*Contact Name:	*Contact's Phone:	*	*Contac	ct's Alternat	te Phone:
*Contact Name: Ethnicity and Race: For governmen	*Contact's Phone: tal recordkeeping a No American Indi Asian Black or Afric	nd reporting re an or Alaskan N	*Contac equiremen	ct's Alternat	te Phone:
*Contact Name: Ethnicity and Race: For governmen Are you Hispanic or Latino? Yes What is your race?	*Contact's Phone: tal recordkeeping a No American Indi Asian Black or Afric Native Hawaii	nd reporting re an or Alaskan N an American	*Contac equiremen lative e Islander	ct's Alternat	te Phone:
*Contact Name: Ethnicity and Race: For governmen Are you Hispanic or Latino? Yes What is your race? Select one or more.	*Contact's Phone: tal recordkeeping a No American Indi Asian Black or Afric Native Hawaii White tral Assembly enacted port Enforcement in monwealth of Virgin	nd reporting re an or Alaskan N an American an/Other Pacific Date Degree F d legislation inte locating workin ia, James Madis	*Contac equiremen lative : Islander Received: ended to fu ag parents v son Universi	rt's Alternat ts only.	forts of the Department of nquent in child support red to report each new hire
*Contact Name: Ethnicity and Race: For governmen Are you Hispanic or Latino? Yes What is your race? Select one or more. Highest Degree Earned: The 1993 Session of the Virginia Gene Social Services' Division of Child Sup payments. As an employer of the Com to the Virginia Employment Commission	*Contact's Phone: tal recordkeeping a No American Indi Asian Black or Afric Native Hawaii White Pral Assembly enacted port Enforcement in monwealth of Virgin on and to ask emplo	nd reporting re an or Alaskan N an American an/Other Pacific Date Degree F d legislation into locating workin ia, James Madis yees to disclose	*Contac equirement lative : Islander Received: ended to fund g parents version Universion at the time	rt's Alternat ts only.	forts of the Department of nquent in child support red to report each new hire

Please return this form to Student Employment at MSC 3519.