



PERSONAL DATA SHEET

Legal Name¹

First _____
 Middle _____
 Last _____

Preferred First/Nickname² _____
 Preferred Last Name² _____
 Suffix _____

¹Your name on our records must match the name on file with the Social Security Administration. If your name does not match the name on file with the Social Security Administration then the Social Security Administration may not credit your earnings to you and you may receive a reduced benefit. ²Your preferred name will not be reflected on official University documents but may be used as possible in internal ISU communications.

Other/Former Name(s) - Please list maiden and/or former names as they may have University records associated with them.

First _____ Last _____

Date of Birth (mm/dd/yy) ____ / ____ / ____
Gender ³ Woman Man Non-binary
SSN ⁴ _____
Marital Status ⁵ Married Single
³Group benefits through State of Illinois may require additional information.
⁴The Social Security Number is requested as it is the most effective way to uniquely identify you for the purpose of accurately processing and maintaining your employment records. Unless required by law (e.g., IRS) or by the State and local agencies (e.g., State University Retirement System) use of the SSN is restricted to internal University maintenance of your employment records.
⁵Marital Status is requested to comply with our CMS Benefit Services provider to ensure that systems of record are in sync and accurate.

Home/Mail Address ⁶(address used for ISU mailings, benefits communications, vendor communication, and the retirement mailings)
 US. **International**
 Street/P.O. _____
 Apt _____ City _____
 State _____ Zip _____
 Country (if other than US) _____
 Mobile Phone ⁷ (____) _____
Emergency Contact Information
 Name _____
 Phone (____) _____
⁶If you have distinct/different home and mailing, provide in comments on the next page
⁷Necessary to receive ISU Emergency Alerts

Address & Phone Restrictions / Information

Home and personal phone numbers and mailing addresses will not be displayed to the general public or ISU community, however, these are available to your department and may be used in other ISU databases on campus. This address will be available in self-service in iPeople / My.IllinoisState.edu in the event that you need to update or change it. If you require a higher level of restriction, please let us know.

Citizenship: US Permanent Resident Non-Immigrant

Country (for Permanent Resident or Non-Immigrant only) _____

Current VISA Type: H-1 F-1 J-1 F-1 OPT Other Visa _____

Department Use Only

Start Date: ____ / ____ / ____
Appointment Type: _____
Employing Dept: _____

Department Use Only

Employee Contact Information

Campus Box: _____
Dept Name: _____
Bldg & Room #: _____
Phone #: _____

State of Illinois Employee Information

- 1. Are you currently enrolled as a dependent on a State of Illinois employee’s health plan through Central Management Services (CMS)? Yes No
- 2. Are you an annuitant (retired and receiving benefits) of the State Universities Retirement System (SURS)? Yes No
- 3. Are you retired from another retirement system with the State of Illinois (e.g., TRS)? Yes No
- 4. Will you be transferring unpaid sick leave from another State Agency or University? Yes No
- 5. Will you be requesting Illinois State University service time or any other State of Illinois service time in calculating your current rate of vacation? Yes No

Illinois Educational Loan Default Act 5 ILCS 385

The Illinois Educational Loan Default Act 5 ILCS 385 requires that applicants for employment certify whether or not they are in default of an educational loan. An employee who is in default on the repayment of an educational loan for a period of six months or more and in an amount of \$600 or more shall make a satisfactory loan repayment arrangement with the maker or guarantor of the loan within six months. The employee has the opportunity to establish a repayment plan through payroll deduction. The University must receive a written certification from the maker or guarantor to confirm the establishment of a satisfactory repayment arrangement prior to the completion of the sixth month of employment, otherwise the University must terminate the individual’s employment.

Please check one of the following:

I (____ am) I (____ am not) in default of any such loan.

Signature _____ **Date** _____

Additional Comments if necessary -