

**IMU HUMAN RESOURCES
DATA COLLECTION FORM FOR EMPLOYMENT**

CURRENT DATE: _____
STUDENT ORG ACCT #: _____

This form is to be completed only after an individual has been hired to facilitate the completion of their appointment.

- **What is your status?** ____ Registered UI Student ____ Full-time UI Employee ____ Part-time UI Employee
____ Non-UI Employee or Student
- **If you are a full-time employee,** we need to submit an electronic request to your supervisor to receive approval before this work can be performed. What is your supervisor's name? _____

Last Name:	First Name:	Middle Init:
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E-mail:	Student ID#:
Street Address:	Local Telephone or Cell #:
City:	State: Zip:

Birthdate: **Gender:** Male Female **Marital Status:** Married Single

Hispanic or Latino Ethnicity? yes no unknown

Race (Select One or More)

<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Not Specified

Disabled? Yes No

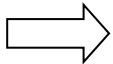
Disabled Vet? Yes No

Citizenship Status:

<input type="checkbox"/>	Us Citizen
<input type="checkbox"/>	Naturalized
<input type="checkbox"/>	Permanent Resident
<input type="checkbox"/>	Non-Immigrant Alien

Veteran Status:

<input type="checkbox"/>	No Military Service
<input type="checkbox"/>	Vietnam Era Veteran
<input type="checkbox"/>	Other Veteran



IF NOT A US CITIZEN THE SHADED INFORMATION MUST BE COMPLETED & INDIVIDUAL MUST PROVIDE DOCUMENTATION TO HUMAN RESOURCES:

Citizenship Country:	<input type="text"/>
Immigration Status:	<input type="checkbox"/> F1 (I-94, I20) <input type="checkbox"/> J1 (I-94, DS 2019, for students: Employment Authorization Letter from OISS) <input type="checkbox"/> LPR (I551 or copy of I-551 stamp in passport) <input type="checkbox"/> Other
Immigration Start Date:	<input type="text"/>
Immigration End Date:	<input type="text"/>

Title of Position or Description of Work Performed	<input type="text"/>
Start and End Date of Work/Service:	<input type="text"/>
Amount to be Paid:	<input type="text"/>

FUND	ORG	DEPT	SUB DEPT	GRANT/ PROGRAM	INST ACCT	ORG ACCT	DEPT ACCT	FUNC	COST CNTR
950	49	4690		552__00	5__	000		00	0000

SIGNATURES OF APPROVAL:

Authorized Signature of Organization	<input type="text"/>
Advisor of Organization	<input type="text"/>
Student Organization Business Office	<input type="text"/>
Director, Center for Student Involvement and Leadership	<input type="text"/>

Prior Approval Form Received and Approved.