

UNIVERSITY OF MARYLAND, BALTIMORE
EMPLOYEE SUPPLEMENTAL DATA INFORMATION FORM

Federal record keeping requirements dictate that the following information be collected and validated by each employee. This information will be used in our Affirmative Action plan and other required reports.

Please Print

Name	Social Security Number
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Last Name, First Name, Middle Initial

<p>1. RACE/ETHNIC IDENTIFICATION</p> <p><input type="checkbox"/> American Indian or Alaskan Native <i>Includes persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation.</i></p> <p><input type="checkbox"/> Black (not of Hispanic Origin) <i>Includes persons having origins in any of the Black Racial Groups of Africa.</i></p> <p><input type="checkbox"/> Asian or Pacific Islander <i>Includes persons having origins in any of the original people of the Far-East, Southeast, Asia, The Indian Sub Continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands and Samoa.</i></p> <p><input type="checkbox"/> Hispanic <i>includes persons of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish culture or origin, regardless of race.</i></p> <p><input type="checkbox"/> White (Not of Hispanic Origin) <i>Includes persons having origins in any of the original peoples of Europe, North Africa or the Middle East.</i></p> <p><input type="checkbox"/> Undeclared or Unknown <i>Includes persons who do not wish to have their race coded or do not check one of the codes above.</i></p>	<p>2. DATE OF BIRTH ____ / ____ / ____</p> <hr/> <p>3. DISABILITY</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <hr/> <p>4. SEX</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <hr/> <p>5. VETERANS STATUS:</p> <p><input type="checkbox"/> Newly Separated Veteran (attach copy of discharge papers)</p> <p><input type="checkbox"/> Non - Veteran</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran (AFSMV)</p> <p><input type="checkbox"/> Disabled Veteran</p> <p><input type="checkbox"/> Other Protected Veteran (OPV)</p> <p><input type="checkbox"/> Both OPV & AFSMV</p>
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Signature	Date	Campus Address	Campus Phone

This information is collected and stored in the Human Resources Management System. It is used for various purposes, including Federal and State reporting requirements and the campus Telephone Directory.

Birthplace	Citizenship (if other than US. Citizen)
Functional Title: (Description Title other than Official Payroll Title)	

Contact Person In Case of Emergency	
Name	Name
Relationship	Relationship
Day Phone	Day Phone
Evening Phone	Evening Phone
Address	Address

To ensure correct calculation of annual leave earnings, please list present or previous Maryland State Government or Maryland State funded/University employment dates. See your department representative for additional information.

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FACULTY POSITION ONLY

Faculty Assignment

Circle 1 or 2

1. Instructional (A faculty member engaged for at least half of his/her time in activities involving the instruction of students)
2. Non-Instructional (Other faculty members in counseling, research, public service. etc.)

Appointment Information

Status	Rank
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