

Employee Information

Staff / Faculty / Other – Non-Employee



Select one: <input type="checkbox"/> New Employee <input type="checkbox"/> Rehired Employee <input type="checkbox"/> Current Employee Update/Change* <small>*Some changes require supporting documentation.</small>			
SSN:		Employee ID Number (if known/assigned):	
Organizational Unit (Department):			

Personal Data: *(Please complete applicable fields.)*

Title (Mr., Ms., Dr., etc.):	
Legal Last Name:	
First Name:	
Middle Name:	
Nickname:	
Preferred Last Name:	

Suffix (Jr., Sr., II, etc.):	
Birth Date:	
Gender:	
Marital Status:	
Highest Education Level:	
Course of Study:	

Permanent Address

Street Address 1:	
Street Address 2:	
City:	
County:	
State:	
Zip Code:	
Country:	

Phone Numbers and Email Address

Home:		
Cell:		
Work:		
Fax:		
Other:		
Primary Email:		

Mailing Address

(if different from Permanent Address)

Street Address 1:	
Street Address 2:	
City:	
County:	
State:	
Zip Code:	
Country:	

NKU Alumni Information

(Complete section if graduated from NKU)

Highest Degree Earned at NKU:	<input type="checkbox"/> J.D./Ed.D. <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Certificate
Major Course of Study for above degree:	

Emergency Contacts

Primary Emergency Contact		
Last Name:		
First Name:		
Area Code/Phone Number:		

Secondary Emergency Contact		
Last Name:		
First Name:		
Area Code/Phone Number:		

Employee Signature: (handwritten please)		Date:	
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