University of Hawai'i
Personnel Record

To set-up your UH ID, email account, and place you on payroll, please provide the following:

Name: _____ Gender: _____
(*As indicated on SS card*) Last   First   Middle

Other Official Name on File with the State of Hawaii or UH System (if applicable): _____

Address: _____ Phone No.: _____

Preferred* Email Address: _____ Marital Status: Single   Married

Date of Birth: ___ / ___ / _____ Social Security Number: _____ — _____ — _____
              mm   dd   yyyy

In Case of Emergency

Primary Contact: _____ Relationship: _____

Contact Information: _____ Other Contact Information: _____

_____

Alternate Contact (optional): _____ Relationship: _____

Contact Information: _____ Other Contact Information: _____

*Preferred Email Address will transmitted to the Hawai'i Employer-Union Health Benefits Trust Fund (EUTF) only for eligible employees. The University will continue to utilize your UH email address for university-related communications.

Employment Record

To be completed by the department (optional).

Department: _____

Date Employed:	Position Title:	Date of Service Separation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____