

# University of Minnesota Human Resource Information Form

**New Employee**

**Revision to Existing Data** (*changes only*)

**TO BE COMPLETED BY EMPLOYEE**

<b>Legal Name</b> <small>(as appearing on your Social Security Card)</small>	
<b>Name:</b>	<b>Empl ID #:</b>
<b>Previous Name:</b> <small>(if name change)</small>	
<b>Home/Permanent Address</b> <small>(as stated on your W-4)</small>	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Student/Staff Directory Exclusions</b> <small>Home Address and Phone will be printed in the Directory unless one of the boxes below is checked indicating an exclusion:</small>	
<input type="checkbox"/> <b>Do not print my Home Address in the Directory</b> <input type="checkbox"/> <b>Do not print my Home Address/Home Phone in the Directory</b> <input type="checkbox"/> <b>Do not print my Home Phone in the Directory</b>	

<b>Home Phone:</b> (      )	<b>Birthdate:</b>
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## RACIAL/ETHNIC GROUP IDENTIFICATION

**Check one in each group.** This information is private (as defined by the Minnesota Government Data Practices Act) and will not be released to the public. See reverse side for further information and definitions.

GENDER	
	Female
	Male
USA/CITIZEN STATUS	
	Native
	Naturalized
	Alien
	Alien Permanent
	Alien Temporary

RACIAL/ETHNIC GROUP	
	White Non-Hispanic
	Black Non-Hispanic
	Asian/Pacific Islander
	American Indian/Native American
	Hispanic
DISABILITY/HANDICAPPED	
	No
	Yes

VETERAN STATUS	
	Vietnam Era Veteran
	Other Veteran
	No Military Service
<i>If veteran, complete the disabled veteran section below:</i>	
DISABLED VETERAN?	
	No
	Yes

**COMPLETED BY DEPARTMENT**

Campus Mail Address	
<b>Dept Name:</b>	
<b>Mail Delivery Code:</b>	
Off Campus Mailing Address	
<small>(complete if no delivery code available)</small>	
<b>Room/ Building:</b>	
<b>Street Address:</b>	
<b>City, State Zip Code:</b>	

**COMPLETED BY DEPARTMENT**

Campus Office Location	
<b>Dept Name:</b>	
<b>Room/ Building:</b>	
<b>Street Address:</b>	
<b>City, State Zip Code:</b>	
<b>Phone #1:</b> (      )	
<b>Phone #2:</b> (      )	

## RACIAL/ETHNIC GROUP INFORMATION and DEFINITIONS

New Employees must complete the other side of this form.

The University of Minnesota is required to collect Racial/Ethnic Group Information to comply with Federal and State record keeping and reporting requirements pursuant to Executive Order 11246, Revised Order No. 4, Section 503 of the Rehabilitation Act of Amendments of 1974, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, Title VII of the Civil Rights Act of 1964 and Minnesota Statutes, Section 363.073. Summary data, without names will be reported on the Integrated Post-Secondary Education Data System (IPEDS) report and the University of Minnesota's Affirmative Action Program. This information is private (as defined by the Minnesota Government Data Practices Act) and will not be released to the public. It will only be used in summary reporting format for compliance with Federal and State reporting requirements and implementation of University of Minnesota affirmative action policies. You are requested, but not required, to provide information regarding your racial/ethnic group, veteran or disability status, and there are no consequences for failing to provide it. The University may acquire this information by visual survey. This may, however, result in the collection of erroneous information. You are required to provide the other information. Failure to provide the required information (gender, social security number and citizenship status) could result in interruption of your paycheck or benefits, or your termination.

### DEFINITIONS

**RACIAL/ETHNIC CATEGORIES** (as defined by the Equal Employment Opportunity Commission-EEOC and Integrated Post-Secondary Education Data System (IPEDS)).

**White non-Hispanic** – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East (except those of Hispanic origin)

**Black non-Hispanic** – Persons having origins in any of the black racial groups of Africa (except those of Hispanic origin)

**Asian or Pacific Islander** – Persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands and Samoa. The Indian Subcontinent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal Sikkim and Bhutan.

**American Indian or Alaskan Native** - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Hispanic** - Persons of Mexico, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Race/ethnicity Unknown** – To be used only when an employee does not self identify and the institution finds it impossible to place a person in the appropriate racial/ethnic category.

**Vietnam Era Veteran:** A person who served on active duty for a period of 180 days, any part of which occurred between August 5, 1964 and May 7, 1975.

**Disabled Veteran:** A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Disability/Handicapped:** The Rehabilitation Act of 1973, as amended, defines a “handicapped individual” for the purpose of the program as a person who (1) has a physical or mental impairment which substantially limit one or more of such person’s major life activities; (2) has a record of such impairments; or (3) is regarded as having such impairment. *The completion of this section (located on the reverse side) does not constitute notification for purposes of accommodation.*