



University of Alaska

Personal Demographic Data (PPAIDEN)

- New hire
- Change

MAU/Major Administrative Unit (circle one)				Department
UAA	UAF	UAS	SW	
Last Name		First	M.	
Employee ID			Work Phone	

Please Read: You must enter your name as it appears on your Social Security card. Failure to do so may result in an inquiry by the Internal Revenue Service (IRS) or other federal, state, or University units. Attach a copy of your Social Security card for verification.

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Please Read: The following information is requested by the University to comply with federal and state statutes, administer its programs, or otherwise conduct business as an institution. Please complete all areas in ink.

Date of Birth: _____ Gender: _____ Marital Status: _____ Citizenship: _____
 M = Male S = Single Y = U.S. Citizen
 F = Female M = Married N = **Non-U.S. Citizen

**Contact your regional Human Resources office for additional information immediately.

What ethnicity do you consider yourself? (check one) Not Hispanic or Latino Hispanic or Latino

What race do you consider yourself? (check one or more)

- | | | | |
|----------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Alaska Aleut (AA) | <input type="checkbox"/> Alaska Indian-Athabaskan (AT) | <input type="checkbox"/> Alaska Indian-Tsimshian (AM) | <input type="checkbox"/> Asian (SI) |
| <input type="checkbox"/> Alaska Eskimo-Inupiaq (AQ) | <input type="checkbox"/> Alaska Indian-Haida (AH) | <input type="checkbox"/> Alaska Native-Other/Unspec (AN) | <input type="checkbox"/> Black or African American (BL) |
| <input type="checkbox"/> Alaska Eskimo-Other/Unspec (AE) | <input type="checkbox"/> Indian-Other/Unspec (AI) | <input type="checkbox"/> Alaska Native-Southeast (AS) | <input type="checkbox"/> Hispanic or Latino (HI) |
| <input type="checkbox"/> Alaska Eskimo-Yupik (AY) | <input type="checkbox"/> Alaska Indian-Tlingit (AK) | <input type="checkbox"/> American Indian-Not AK Native (IN) | <input type="checkbox"/> Native Hawaiian/oth Pacific Is (NH) |
| | | | <input type="checkbox"/> White or Caucasian (WH) |

What do you consider to be your primary race? [notate one of the two-digit race codes () you checked above]

HR Mailing Address: Paystubs, W-2s, benefits documentation, and other HR-related information will be sent to this address.

Street or P.O. Box _____
 City _____ State _____ Zip + 4 (9 digits) _____

Home Telephone: (_____) _____

Check here if phone number is for hard copy file records only (not to be entered on the Human Resource system).

Have you ever had an association with the University of Alaska before? Yes No

Check all that apply:

- Student Date(s) _____
- Employee Date(s) _____
- Contractor Date(s) _____

Other names you have used at the University of Alaska:

Emergency Contact (HR retains contact information in the employee's personnel file - not entered in Banner system)

Name _____ Telephone _____

Address _____

For HR Office Use Only

Entered by: _____ Date: _____



**University of Alaska
Personal Demographic Data
(PPAIDEN)**

Last Name	First	M.
Employee ID		

Please Read: Please complete all areas in ink. You must enter your name as it appears on your Social Security card.

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U.S. Veteran Status

What is your veteran status? (Please read descriptions 1 and 2 below and select one U.S. Veteran status)

None Other Protected Veteran Only Vietnam Veteran Only Both Vietnam/Other Protected Veteran

1. Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era. To identify the campaigns or expeditions that meeting criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.asp>.

2. Veteran of the Vietnam Era means a veteran who: (i) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Are you a Special Disabled Veteran? Yes No

Special Disabled Veteran means (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Date of Separation: _____

Newly Separated Veteran means any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty. If the date of discharge was within the last two years, write the discharge (separation) date on the **Date of Separation** line above.

Employee Acknowledgment

I agree to perform the duties and responsibilities of my position and abide by Board of Regents Policy, University Regulation, and administrative procedures of the University as they now exist and as they may be duly amended or promulgated. I also authorize deductions from my pay of any amount due to the University of Alaska upon my termination of employment.

Employee Signature: _____ Date: _____

For HR Office Use Only

Entered by: _____ Date: _____