



University of Alaska
Personal Demographic Data
(PPAIDEN)

Campus (circle one)				Department
UAA	UAF	UAS	SW	
Last Name		First Name	Middle Name	
Employee ID		Work Phone		

NOTE: Enter your last, first, and middle names above as they appear 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 entities. For verification purposes and required tax reporting, the University may request that you present a valid Social Security card upon hire. Complete all areas of this form in blue or black ink.

Mailing Address: This address is used to mail pay checks, W-2 forms, benefits documentation, and other HR-related information.

Street Address or PO Box _____

City _____

State _____

Zip Code _____

Home Telephone: (_____) _____

Check if phone number is for personnel file only (not entered in HR system)

Gender: _____ Date of Birth: _____ U.S. Citizenship? _____ Marital Status: _____

M=Male; F=Female

MM/DD/YYYY

Y=Yes; N=No***

S=Single; M=Married

***If you are not a U.S. Citizen, contact the regional Human Resources office immediately for further information.

The following optional information is requested by the University to comply with federal and state statutes, administer its programs, or otherwise conduct business as an institution.

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"/> Aleut/Unangax (AA) | <input type="checkbox"/> Dené/Athabaskan - Gwich'in (DG) | <input type="checkbox"/> Japanese (SJ) |
| <input type="checkbox"/> Haida (AH) | <input type="checkbox"/> Dené/Athabaskan - Han (DH) | <input type="checkbox"/> Chinese (SC) |
| <input type="checkbox"/> Tlingit (AK) | <input type="checkbox"/> Dené/Athabaskan - Lower Tanana (DL) | <input type="checkbox"/> Indian (Asian Subcontinent) (SN) |
| <input type="checkbox"/> Tsimshian (AM) | <input type="checkbox"/> Dené/Athabaskan - Holikachuk (DO) | <input type="checkbox"/> Vietnamese (SV) |
| <input type="checkbox"/> Inupiaq (AQ) | <input type="checkbox"/> Dené/Athabaskan - Tanacross (DT) | <input type="checkbox"/> Asian-Other (SO) |
| <input type="checkbox"/> Yup'ik (AY) | <input type="checkbox"/> Dené/Athabaskan - Upper Tanana (DU) | <input type="checkbox"/> Filipino (SF) |
| <input type="checkbox"/> Cup'ik (AC) | <input type="checkbox"/> Dené/Athabaskan - Upper Kuskokwim (DW) | <input type="checkbox"/> Guamanian (SG) |
| <input type="checkbox"/> Eyak (AJ) | <input type="checkbox"/> Dené/Athabaskan - Deg Xinag (DX) | <input type="checkbox"/> Native Hawaiian (SH) |
| <input type="checkbox"/> Alutiiq/Sugpiaq (AL) | <input type="checkbox"/> Alaska Native - Other (AN) | <input type="checkbox"/> Samoan (SS) |
| <input type="checkbox"/> Siberian Yupik (AO) | <input type="checkbox"/> American Indian (IN) | <input type="checkbox"/> Pacific Islander - Other (SP) |
| <input type="checkbox"/> Dené/Athabaskan (AT) | <input type="checkbox"/> First Nations (FN) | <input type="checkbox"/> Black or African American (BL) |
| <input type="checkbox"/> Dené/Athabaskan - Ahtna (DA) | <input type="checkbox"/> International Indigenous (II) | <input type="checkbox"/> White (WH) |
| <input type="checkbox"/> Dené/Athabaskan - Dena'ina (DD) | <input type="checkbox"/> Other Indigenous - Pacific Islander (IP) | |
| <input type="checkbox"/> Dené/Athabaskan - Koyukon (DK) | <input type="checkbox"/> Indigenous - Other (IO) | |

Emergency Contact

Note: HR only retains this information in the employee's personnel file in case of emergencies; however, employees can add their emergency contact information to the University system via the "Personal Information" menu in UAOnline.)

Name _____ Telephone _____

Address _____



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Complete all areas in blue or black ink.

Name (Last, First, Middle)
Employee ID

Veteran Classification and Self-Identification

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - 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 Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge 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 under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

I identify as one or more of the classifications of protected veteran listed.

NOTE: If the Date of Discharge/Separation was within the last three years, you are considered to be a "recently separated veteran." Enter your date of discharge/separation date in the space provided below.

Date of Discharge/Separation (MM/DD/YYYY) _____

- Disabled Veteran
- Active wartime or campaign badge veteran
- Armed forces service medal veteran

I am a protected veteran, but I choose not to self-identify the classification to which I belong

I am not a protected veteran

I am not a veteran

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

To request a reasonable accommodation, please submit your request to the campus ADA coordinator. Contact information for the ADA coordinator is located on the web site of the Statewide Office of Human Resources at <http://www.alaska.edu/hr/ada/>. Please refer to the University's affirmative action program for more information.

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:** _____

HR Office Use Only Entered by: _____ **Date:** _____