

Radford University

Wage Employee Data Sheet

1. Name as appears on Social Security Card: _____
 Prefix: _____ (Print) Last First Middle Suffix
 (Mr, Ms, Mrs, Dr, Hon)

2. Home Address : _____
 (Current) Number, Street, City, State, Zip

Home/Cell Phone: _____

Date of Birth _____ Male _____ Female _____

Race/Ethnicity
Hispanic or Latino or Spanish Origin? <input type="checkbox"/> Y or <input type="checkbox"/> N
Please identify one or more of the following race categories:
<input type="checkbox"/> Race and Ethnicity Unknown
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White

Citizenship Status
<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Non-Resident Alien
If not a U. S. Citizen, list country of citizenship:
List country of residence, if different:

3. In Case of Emergency Contact:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

4. Department Name: _____ Telephone: _____

5. Are you currently under a court order to provide child support payments? Yes _____ No _____

6. Veteran Status:

- Not a veteran
- Disabled Veteran
- Other protected veteran (veterans who served on active duty in the U. S. military during a war or in a campaign or expedition for which a campaign badge is awarded)
- Armed Forces service medal veteran (veterans, who, while serving on active duty in the Armed Forces, participated in a U. S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985)
- Recently separated veteran (veterans within 36 months from discharge or release from active duty
Date of discharge or release from active duty: _____)
- Current Member of the Military Reserve
- Current Member of the National Guard

7. Disability (see below for Disability Codes: (voluntary))

Yes ____ No ____ Code _____

I certify that all information in the form is true and accurate to the best of my knowledge. I understand it is my responsibility to make pertinent changes to my Personnel/Payroll records as may occur.

Signature

Date

DISABILITY CODES

- | | |
|---|--|
| 100 Blindness, both eyes | 520 Alcoholism |
| 110 Blindness, both eyes (some correction) | 521 Drug addiction |
| 120 Blindness, one eye | 530 Mental retardation, mild |
| 140 Other visual impairment | 532 Mental retardation, moderate |
| 200 Deafness, unable to talk | 534 Mental retardation, severe |
| 210 Deafness, able to talk | 600 Malignancies |
| 220 Other hearing impairment | 610 Allergies |
| 300 Impairment involving 3 or more major limbs | 620 Diseases of the blood |
| 310 Impairment involving 1 upper, 1 lower | 630 Epilepsy |
| 320 Impairment involving 1 upper or 2 upper | 640 Cardiac, circulatory and respiratory |
| 330 Impairment involving 1 or 2 lower | 650 Digestive and urine-genital |
| 340 Other and ill-defined impairments | 660 Speech impairment |
| 400 Amputation of at least 1 upper and 1 lower | 670 Other |
| 410 Amputation of 1 or 2 upper | 700 Multiple handicaps |
| 420 Amputation of 1 or 2 lower | |
| 430 Amputation of other and unspecified parts | |
| 500 Other mental, psychoneurotic and personality disorder | |