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 _______

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Citizenship Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino or Spanish Origin?</td>
<td>☐ U.S. Citizen</td>
</tr>
<tr>
<td>☐ Y or ☐ N</td>
<td>☐ Resident Alien</td>
</tr>
<tr>
<td>Please identify one or more of the</td>
<td>☐ Non-Resident Alien</td>
</tr>
<tr>
<td>following race categories:</td>
<td></td>
</tr>
<tr>
<td>☐ Race and Ethnicity Unknown</td>
<td>If not a U. S. Citizen, list country of citizenship:</td>
</tr>
<tr>
<td>☐ American Indian or Alaska Native</td>
<td>List country of residence, if different:</td>
</tr>
<tr>
<td>☐ Asian</td>
<td></td>
</tr>
<tr>
<td>☐ Black or African American</td>
<td></td>
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<tr>
<td>☐ Native Hawaiian or Other Pacific</td>
<td></td>
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<tr>
<td>Islander</td>
<td></td>
</tr>
<tr>
<td>☐ White</td>
<td></td>
</tr>
</tbody>
</table>

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