

**Employee Information/ Change Form**

**TO BE COMPLETED BY EMPLOYEE**

Check if:					
<input type="checkbox"/> New Hire (Full-Time) <input type="checkbox"/> New Hire (Part-Time) <input type="checkbox"/> New Hire (On Call/Intermittent) <input type="checkbox"/> Info Update/Change only					
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Last Name/Suffix		First Name	
<input type="checkbox"/> Other:				MI	
Street Address			City	State	Zip Code
County:	Home Phone (Including Area Code):			Cell Phone, if preferred (Including Area Code):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate		U. S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number:		License/Certification Info: (if required to track)			
		Type:	Issuing Agency:	Issue Date:	Exp. Date:    Subject to renew: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:					
<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other:					
Highest Graduated Education Level:					Currently a Full-Time Student?
<input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Business/Vocational <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic Group: (check all that apply, indicate which is "primary")    Primary Identification:					
<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White					
Emergency Contact Name		Relationship			
Emergency Contact Address				Phone Number	
<input type="checkbox"/> Check if same as EE				<input type="checkbox"/> Check if same as EE	
Employee Signature				Date	

**TO BE COMPLETED BY DEPARTMENT (Forward to HR Dept when complete along with any supporting documentation)**

EMPL ID:	DEPT ID:	Job Title/Job Code:		Position Number: (if applicable)	
Department Name:			Work Location:		
Effective Date:			Name of Direct Supervisor/Reports to Position Number:		
Supervisor Status:			Action/Reason		
<input type="checkbox"/> Indiv Contrib <input type="checkbox"/> Supervisor <input type="checkbox"/> Lead Worker					
Primary Job Employee Record Number:		Org Instance #	Org Relationship:		
			<input type="checkbox"/> EMP <input type="checkbox"/> CWR <input type="checkbox"/> POI		
Original Appointment Date:		Employment Status:	Pay Group:		
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Biweekly <input type="checkbox"/> or F80 <input type="checkbox"/>		
Longevity Date:	Merit Increase Calc. Date:	Class Seniority Date:	Union Seniority Date:	Probation Date:	
Employee Class:	Std Hours:	FTE:	Compensation Data:		
			Salary Plan:	Grade:	Step:    Rate:
Department HR/Payroll Contact			Date		

## **Employee Information/ Change Form**

The Minnesota Government Data Practices Act requires you to be informed that the following information which you are being asked to provide on this form is considered Private Data. This information is available to other Ramsey County staff or related staff who have a legitimate need to access this information in the course of their official job responsibilities.

- Ramsey County Employee ID Number
- Street Address/City/State/Zip Code/County
- Home Phone Number
- Birthdate
- Veteran Status
- Social Security Number
- Marital Status
- Highest Education Level
- Student Status
- Ethnic Group
- Emergency Contact Name/Relationship/Address/Phone Number

The following information is considered Public Data. This data is available to anyone who requests this information.

- Name
- Job Title
- Salary Rate Information
- Department
- Supervisor

The requested information is being solicited in order for Ramsey County to establish an employment/payroll record, to process and maintain employee benefit program eligibility, and to comply with state and federal laws related to employment and tax information.

If you have any questions regarding the use of this information, contact the Ramsey County Human Resources Department at (651) 266-2700.