

University of Wisconsin Processing Center
Employee Information

Last Name	First Name	Middle Initial
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Social Security Number

Check Box that applies and complete:

- New Employee (Part I)
- Employee Transferring to Different Department (Part I)
- Campus Address/Phone Number Change (Part I)
- Home Address/Phone Number Change (Part II)

PART I - Primary Campus Address and Telephone Number. Your earnings statements and other important information will be delivered to this address. Please provide complete information.

For Office Use Only Building Number	Room Number	Building Name
For Office Use Only UDDS Number	Department Name	
Work Phone (area code and full seven-digit number) ()	Optional: Secondary Work Phone ()	
Email Address		
Mail Box or Mail Drop Code	Effective Date: <input type="checkbox"/> Immediate <input type="checkbox"/> Other: _____	

PART II - Home Address and Telephone Number

Home Phone: ()		
Number and Street Name (or PO Box number if mail is not delivered to street address)	Apt. #	
City	State	Zip
Health County: For Standard Plan, the county in which you live. For an HMO plan, the county in which your doctor is located.		
Release of Address: My home address and telephone number can be released to the public upon request and printed in the Staff Directory (if left blank "NO" is assumed).		<input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date : <input type="checkbox"/> Immediate <input type="checkbox"/> Other: _____		

Signature

Date (Mo/Day/Yr)