



# University of Alaska

## Personal Demographic Data (PPAIDEN)

- New hire
- Change

MAU/Major Administrative Unit (circle one)				Department
UAA	UAF	UAS	SW	
Last Name		First	M.	
Employee ID			Work Phone	

**Please Read:** You must enter your name and social security number as it appears 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 unit. Attach a copy of your Social Security card for verification.

**(Page 1 of 2)**

**Please Read:** The following information is requested by the University to comply with Federal and State statutes, administer its programs, or otherwise conduct business as an institution. Please complete, in ink, all areas that are not shaded.

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 M = Male S = Single Y = U.S. Citizen  
 F = Female M = Married N = \*Non-U.S. Citizen

\*You must contact your regional personnel office for additional information immediately.

What ethnicity do you consider yourself: (Please check one)

<input type="checkbox"/> Alaska Aleut-All (AA)	<input type="checkbox"/> Alaska Indian-Athabaskan (AT)	<input type="checkbox"/> Alaska Indian-Tsimshian (AM)	<input type="checkbox"/> Asian/Pacific Islander (PI)
<input type="checkbox"/> Alaska Eskimo-Inupiaq (AQ)	<input type="checkbox"/> Alaska Indian-Haida (AH)	<input type="checkbox"/> Alaska Native-Other/Unspec (AN)	<input type="checkbox"/> Black-Non Hispanic (BL)
<input type="checkbox"/> Alaska Eskimo-Other/Unspec (AE)	<input type="checkbox"/> Alaska Indian-Other/Unspec (AI)	<input type="checkbox"/> Alaska Native-Southeast (AS)	<input type="checkbox"/> Hispanic (HI)
<input type="checkbox"/> Alaska Eskimo-Yupik (AY)	<input type="checkbox"/> Alaska Indian-Tlingit (AK)	<input type="checkbox"/> American Indian (IN)	<input type="checkbox"/> White-Non Hispanic (WH)

**Paycheck Mailing Address:** \_\_\_\_\_  
 Street or P.O. Box

\_\_\_\_\_ City State Zip + 4 (9 digits)

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Check here if phone number is for hard copy file records only — not to be entered on the Human Resource System.

Have you ever had an association with the University of Alaska before? Yes No

Check all that apply:

<input type="checkbox"/> Applicant	Date(s) _____	Other names you have used at the University of Alaska: _____ _____ _____
<input type="checkbox"/> Student	Date(s) _____	
<input type="checkbox"/> Employee	Date(s) _____	
<input type="checkbox"/> Contractor	Date(s) _____	

Are you eligible to receive or are you currently receiving retirement benefits (check one)? Yes No

**Emergency Contact** (HR retains contact information in employee's personnel file - not entered in Banner system)

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_



**University of Alaska  
Personal Demographic Data  
(PPAIDEN)**

<b>Last Name</b>	<b>First</b>	<b>M.</b>
<b>Employee ID</b>		

**Please Read:** Please complete, in ink, all areas that are not shaded. You must enter your name and social security number as it appears on your social security card.

**(Page 2 of 2)**

**U.S. Veteran Status**

What is your veteran status? (Please read descriptions 1 and 2 below and select one U.S. Veteran status)

None     Other Protected Veteran Only     Vietnam Veteran Only     Both Vietnam/Other Protected Veteran

**1. Other Protected 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, other than special disabled veterans or veterans of the Vietnam era. To identify the campaigns or expeditions that meeting criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.asp>.

**2. Veteran of the Vietnam Era** means a veteran who: (i) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Are you a Special Disabled Veteran?     Yes     No

**Special Disabled Veteran** means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Date of Separation: \_\_\_\_\_

**Newly Separated Veteran** means any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty. If the date of discharge was within the last two years, write the discharge (separation) date on the **Date of Separation** line above.

**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 check of any amount due to the University of Alaska upon my termination of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_