



## Student Individual Data Sheet

### EMPLOYEE INFORMATION

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>	
<b>Social Security Number</b>		<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
				<b>Marital Status</b>	

### CAMPUS ADDRESS (If Applicable)

<b>Dorm</b>		<b>Room Number</b>		<b>Phone Number</b>	
<b>Address:</b> 23 University Drive Fort Kent, ME 04743					

### HOME/MAILING ADDRESS

<b>Street Address</b>		<b>PO Box</b>	
<b>City</b>		<b>State</b>	
		<b>Zip Code</b>	
<b>Home Phone</b>		<b>Other Phone</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Other

### EMERGENCY CONTACT

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>	
<b>Relationship</b>		<b>Phone Number</b>		<b>Phone Type</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
<b>If Address is the same as employee, check here</b> <input type="checkbox"/>	<b>Street Address/PO Box</b>				
	<b>City</b>		<b>State</b>		<b>Zip Code</b>

I certify that all of the information provided on this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

**This form is required. Please complete and return along with other payroll documents.**