Personal Data Sheet

Current Action: **FORM HR96**

[ ] Change of Address * ***Note: A change of address can result in a change in local occupational tax**

[ ] Change of Name [ ] Military Service Information [ ] New Hire [ ] Change of Emergency Contact

Effective Date of Action:_____

Personal Information

Employee Name (First, Middle, Last): **Current; or former in case of name change (new name indicated below)**

College: (*Required*)

Address (Street Address, City, State, Zip):

Social Security#/Employee ID#: (Must provide either SSN or EE ID #

County of Residence:

Phone Number (Home or Cell):

( )

Email Address:

****** REMEMBER TO FILE AN ADDRESS CHANGE WITH YOUR RETIREMENT VENDORS and HEALTH and LIFE INSURANCE CARRIERS, if applicable.***

Name Change

Presentation of a new Social Security card is required for a name change. Please attach a photocopy of the new card issued in the new name.

New Name:

Emergency Contact Information

In the event of an emergency, or other situation, if we are unable to contact you directly KCTCS may need to contact a member of your family, or other individual(s).
Please list the names and appropriate contact information for two designated emergency contacts.
This information will only be used in the case of an emergency and will be retained for use only by the Human Resources office.

Contact Name #1

Relationship:

Address (Street Address, City, State, Zip):

Home Phone Number: ( )

Employer:

Work Phone Number: ( )

Cell Phone Number: ( )

Contact Name #2

Relationship:

Address (Street Address, City, State, Zip):

Home Phone Number: ( )

Employer:

Work Phone Number: ( )

Cell Phone Number: ( )

Military Status

Are you a member of the Armed Forces of the United States in any capacity which potentially makes you subject to a call to active duty (State or Federal)? [ ] Yes [ ] No
If so, please provide your unit designation (including your service e.g. National Guard or Coast Guard Reserve)

(Example: 2nd Battalion, 123rd Armor, Kentucky Army National Guard)

Employee Signature	Date		Copy to Emer Contacts file		Entered in PS by	Date

Forward completed form to KCTCS System HR for inclusion in permanent file