UNIVERSITY OF COLORADO
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

EMPLOYEE SERVICES

1800 Grant St., Suite 400
400 UCA
Denver, CO 80203

t 303 860 4200
f 303 860 4299
1-888 216 7740 (toll free)

Personal Information Worksheet- Add or Modify a Person

Effective Date:	Person ID/ Employee ID (if applicable):

*Name must be entered EXACTLY as printed on Social Security Card

First Name:	Middle Name/Initial:	Last Name	Previous Last Name:

Prefix (Optional):	Suffix (Optional):	Gender:	Marital Status (Optional):
		○ Male ○ Female	

Date of Birth:	Birth Country (Optional):	Birth State (Optional):	Birth Location (Optional):

Highest Educational Level:	Education Degree:	Education Field:

Social Security Number (National ID):

Address: ○ Home   ○ Mailing

City:	State:	Postal Code:

Address 2 (Optional):   ○ Home   ○ Mailing

City:	State:	Postal Code:

Primary Phone Type:	Phone Number:
○ Campus ○ Cell ○ Dorm ○ Emergency ○ Business ○ Home ○ Main	

Additional Phone Type (Optional):	Phone Number:
○ Campus ○ Cell ○ Dorm ○ Emergency ○ Business ○ Home ○ Main	

Primary Email Type:	Email Address:
○ Campus ○ Business ○ Dorm ○ Home	

Additional Email Type (Optional):	Email Address:
○ Campus ○ Business ○ Dorm ○ Home	

Ethnic Group (Ethnicity Definitions):	US Citizen or Legal Permanent Resident:
	○ Yes ○ No ○ Unknown

Military Status (Veteran Definitions):   *If veteran status is selected, please send a copy of DD214 to campus HR

This form is designed to assist departments with HCM data entry. The form may be completed online.

Click here to access the HCM step-by-step guide.

Revised: August 21, 2019