

STATE HRMS PERSONAL DATA FORM
STATE OF NORTH DAKOTA **SFN 13091**

Effective Date: The date that this change or hire is effective.

Name History:

Prefix: Check the applicable prefix.

Name: The employee's name.

Biographic Information/History:

Date of Birth: Enter the employee's birth date (mm/dd/yy).

Gender: Check male or female.

Marital Status: Check married or single.

Date: This is the date that the checked marital status is effective.

National ID:

Social Security Number: Enter the employee's social security number. The social security number must exactly match what is on his or her social security card.

Address History:

Address Type 1: Check the applicable address.

Address Information: Enter the Street and/or P.O. Box, City, County, Zip Code, and State information for the employee's address.

Telephone Type 1: Check the applicable phone type.

Telephone Number: Enter the telephone number of the type of phone entered.

Telephone Type 2: Check the applicable phone type.

Telephone Number: Enter the telephone number of the type of phone entered.

Email Type and address. You may enter the employee's personal or work email address here. You may enter both types into the system.

If the employee has more than one address or email address or more than 2 telephone numbers that they would like listed on their personal data, they may fill out the information on a separate sheet and attach it to this form.

Regional:

Ethnic Group: Check the applicable group.

Military Status: This is optional line of history. The employee may check the appropriate military status.

Pay Method Options:

Check the option of check or direct deposit. If direct deposit is checked, SFN 50428 will also need to be completed.

Previous Employment: If the employee has previously been employed by the State of ND or the ND University System they should check yes and may already have an employee id number in Peoplesoft.

Emergency Contact Information:

Emergency Contact Name: Enter the employee's primary emergency contact person.

Primary Contact: Each employee must have one primary contact.

Relationship to Employee: Examples are spouse, parent, child, brother, etc.

If the address and phone number of the contact person are the same as the employee's, check yes on the appropriate lines and skip the contact person's address lines.

Address Information: If the information is not the same as the employees then enter the Street and/or P.O. Box, City, County, Zip Code, and State information for the primary contact person.

Contact Phone: If the contact's phone number is not the same as the employee's listed phone number, then enter it on this line.

If the employee has additional contact persons, please fill out the appropriate information on another sheet and attach it to this form.

Employee's Signature:

This form should be signed and dated by the employee.

