



Personal Information Worksheet- Add or Modify a Person

Form Instructions

The purpose of this form is to assist departments with HCM data entry. This form cannot be completed in a web browser.

- **Download** and **Save** this form to your desktop from the web browser.
- **Open** it in Adobe or Adobe Reader to complete.
- **Return** completed form to sponsoring department (not Employee Services).

Additional Resources

- **Learn** how to [update personal information](#) (website) in the [CU employee portal](#).
- **Select** the [HCM step-by-step guide](#) for reference when hiring or rehiring and employee.

Complete Form Fields

Items in red fields are required. Name must be entered **exactly** as printed on Social Security Card.

Personal ID/Employee ID Number – if applicable: _____ Effective Date: _____

Social Security Number (National ID): _____ US Citizen/Legal Permanent: ☐ Yes ☐ No ☐ unknown

First Name: _____ Middle Initial: _____ Last Name: _____

Prefix: _____ Suffix: _____ Previous Last Name: _____

Date of Birth: _____ Marital Status: _____

Birth Country: _____ Birth State: _____ Birth Location: _____

Sex: _____ Gender Identity: _____

Highest Education Level: _____ Degree: _____ Education Field: _____

Address: _____ City: _____ State: _____ Postal Code: _____

☐ Home ☐ Mailing (select one)

Address 2: _____ City: _____ State: _____ Postal Code: _____

☐ Home ☐ Mailing (select one)

Primary Phone: _____ Type: _____ Primary Email: _____ Type: _____

Additional Phone: _____ Type: _____ Additional Email: _____ Type: _____

Are you Hispanic or Latino? ☐ Yes ☐ No Veteran Status [Definition](#): _____

Race (select one or more) [Definition](#): ☐ American Indian or Alaska Native ☐ Asian ☐ White

☐ Black or African American ☐ Native Hawaiian or Pacific Islander