

**3501 FR.20****Non-Employee Data Collection Form**

Note: This is a two-page form. Items in **bold** are required. Complete both pages and FAX this form to the Employee Service Center at 432-5153.

Prepared by:

name	signature	phone	date
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Authorized by:

name	title	signature	date
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<b>Effective Date</b>			
	DD	MON	YYYY

<b>PEOPLE form</b>	
<b>Last Name</b>	
<b>First Name</b>	
Title	
Suffix	
Middle Name	
<b>Gender</b>	
<b>Action</b>	Create Employee
<b>Type</b>	<b>Employee</b>
<b>Social Security Number</b>	
<b>Personal Information</b>	
<b>Birth Date</b>	(DD-MON-YYYY)
<b>Additional Personal Details flexfield</b>	
Print Person in Directory?	

<b>ADDRESS form</b>	<b>Enter home address.</b>
<b>Line 1</b>	
Line 2	
Line 3	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
Telephone	

