

EMPLOYEE INFORMATION FORM	
Form #: DHR-STW-904.1-F	Authority: 29 Del. C. Chapter 90D
Effective Date: April 14, 2023	Revised Date: May 8, 2025
Supersedes: Employee Personal Data/Emergency Contact Information 07/13/2022	

This Form is used to provide initial information, change a legal name, or request that a State employing agency use an employee’s preferred name, where possible. Completed forms must be submitted to the agency Human Resources Office.

Part 1: For DHR Use Only		
Employee ID:	BP#:	Hire Date:

**Part 2: Employee Information – Completed by Employee**

Employee Legal Name (Last, First, MI): \_\_\_\_\_  
 Include suffix Jr., Sr., III

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

My mailing address is the same as my street address; if not, enter mailing address below.

Mailing Address (Street, City, State, Zip): \_\_\_\_\_

County: \_\_\_\_\_

Your first check will be a live (paper) check that will be mailed to your address on record. If your home address or mailing changes after your start date, update your information via Employee Self-Service through my.delaware.gov. Contact your Agency’s HR team for questions or concerns.

**FOR DHR ONLY: Follow PHRST’s instructions for updating mailing address for pay purposes.**

Unique Personal Home Email Address (that is not shared by others): Use the same email address that was created to access my.delaware.gov. : \_\_\_\_\_

**This email is necessary to access pay stubs, W-2s, benefits, and annual pension statements through Employee Self-Service.**

a. Do you Work or live in the City of Wilmington?  Yes  No

**(DHR will verify if the employee works or lives in the City of Wilmington.)**

b. Marital Status:  Single  Married  Separated  Divorced  Widowed

c. Veteran Status: Were you in the military?  Yes  No

Were you honorably discharged?  Yes  No

Are you a disabled veteran?  Yes  No Military Discharge Date: \_\_\_\_\_

**Part 3: Race/Ethnicity - Completed by Employee**

The State is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the State or local government invites employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, the data will not identify any specific individual.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may make only one selection presented below.

**a. Ethnicity:**

**Hispanic or Latino-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Are you Hispanic or Latino? \_\_\_\_\_

**b. Race:**

- **American Indian or Alaska Native (Non-Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  - **Asian (Non-Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - **Black or African American (Non-Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
  - **Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - **White (Non-Hispanic or Latino)** - All person having origins in any of the original peoples of Europe, North Africa or the Middle East.
  - **Two or More Races (Non-Hispanic or Latino)** -Persons who identify with two or more racial categories named above.
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**Part 4: Emergency Contact Information- Completed by Employee**

Primary Emergency Contact Name (Last, First, MI): \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Secondary Emergency Contact Name (Last, First, MI): \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

**Part 5: Legal or Preferred Name Change Request - Completed by Employee**

Current Legal Name (Last, First, MI): \_\_\_\_\_

Include suffix Jr., Sr., III

a. **Legal Name Change Request?**       Yes       No

New Legal Name (Last, First, MI): \_\_\_\_\_

Include suffix Jr., Sr., III

**Note:** Copies of Social Security Card and Photo ID are required to verify legal name or to change legal name.

b. **Preferred First Name Request?**       Yes       No

Preferred First Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Note: DHR shall submit a request to I.T. to request an email address change per the Preferred First Name Operating Procedure.

**Part 6: Agency HR Approval (Required If A Legal or Preferred Name Change Request, Section 5, Is Completed) - Completed by HR**

Agency HR Name: \_\_\_\_\_ Agency HR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the request is denied, provide the reason for denial:       Approve       Deny

This form only changes the basic employee demographic information in the HR and payroll system and does not change your beneficiary information or retirement provider information.

Employee Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 *Del. C.* Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

**A copy of this completed Form must be sent to the Agency Human Resources Office.**