



EMPLOYEE INFORMATION FORM	
Form #: To be assigned.	Authority: 29 Del. C. Chapter 90D
Effective Date: April 14, 2023	Revised Date: June 13, 2024
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.

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

Part 1: New Employees Complete

- a. _____
 Legal Last Name *(include suffix Jr., Sr., III)* Legal First Name Legal Middle Name
- _____ _____ _____
 Date of Birth Social Security Number Gender
- Street Address: _____
- City: _____ State: _____ Zip Code: _____ County: _____
- Home Phone: _____ Cell Phone: _____ Preferred Phone Number: _____
- b. Unique Personal Home Email Address (that is not shared by others): _____

Note: Please 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.

- c. 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.)
- d. Marital Status: Single Married Separated Divorced Widowed
- e. 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 2: New Employees Complete Race/Ethnicity

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.

Part 3: New Employees Complete Emergency Contact Information

a. _____
Primary Emergency Contact (First Name Last Name) _____ Relationship _____

_____ _____ _____
 Cell Phone Alternate Phone Email Address

Street Address: _____

City: _____ State: _____ Zip: _____

b. _____
Secondary Contact (First Name Last Name) _____ Relationship _____

_____ _____ _____
 Cell Phone Alternate Phone Email Address

Street Address: _____

City: _____ State: _____ Zip: _____

Part 4: Legal or Preferred Name Change Request

_____ **Current** Legal Last Name (*include suffix Jr., Sr., III*) Legal First Name Legal Middle Name

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

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

_____ **New** Legal Last Name (*include suffix Jr., Sr., III*) **New** Legal First Name **New** Legal Middle 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 5: Agency HR Approval (Required If A Legal or Preferred Name Change Request, Section 4, Is Completed)

_____ Agency HR Name

_____ Date

Approve Deny

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

Part 6: Acknowledgment

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.

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 Name

_____ Date of Request

Please submit this form and the required documentation to your Agency Human Resources office.