

EMPLOYEE INFORMATION FORM

Form #: To be assigned.	Authority: 29 Del. C. Chapter 90D
Effective Date: April 14, 2023	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.

Employee ID:	Hire Date:
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Part 1: New Employees Complete

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: _____

Unique Personal Home Email Address: _____

Note: An email account that is NOT shared with others. This email is necessary to access pay stubs, W-2s, benefits, and annual pension statements. Please use the same email address that was created to access my.delaware.gov.

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.)

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

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.

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? _____

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.

EMPLOYEE INFORMATION FORMForm #: To be assigned.
Rev. Date: April 14, 2023**Part 3: New Employees Complete Emergency Contact Information****Primary Emergency Contact** (First Name Last Name)

Relationship

Cell Phone

Alternate Phone

Email Address

Street Address:

City: State: Zip:

Secondary Emergency Contact (First Name Last Name)

Relationship

Cell Phone

Alternate Phone

Email Address

Street Address:

City: State: Zip:

Part 4: Preferred Name Change Request OnlyCurrent Legal Last Name (*include suffix Jr., Sr., III*) Legal First Name Legal Middle NameLegal 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

New Legal First Name

New Legal Middle Name

Preferred First Name Request? ☐ Yes ☐ No

Preferred First Name

Preferred Pronoun

Is this a change to the State email address? ☐ Yes ☐ No ☐ Do not have State email account**Note:** DHR shall submit a request to I.T. to request an email address change per the Preferred First Name Operating Procedure.

EMPLOYEE INFORMATION FORM**Form #: To be assigned.
Rev. Date: April 14, 2023****Part 5: Agency HR Approval**_____
Agency HR Name_____
Date☐ Approve ☐ DenyIf request is denied, provide 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.