

EMPLOYEE INFORMATION FORM		
Form #: To be assigned.	Authority: 29 Del. C. Chapter 90D	
Effective Date: April 14, 2023	Revised Date: May 2, 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.

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Employee ID:		Hire Date:					
Part 1: New Employees Complete							
Legal Last Name (include suffix Jr., S	r., III) Lega	l First Name	Legal Middle Name				
Date of Birth Soc	cial Security Nu	ımber	Gender				
Street Address:							
City: S	State:	Zip Code:	County:				
Home Phone:Cell I	Phone:	Preferr	ed Phone Number:				
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.							
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:							

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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?	
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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.

2 | Page

EMPLOYEE INFORMATION FORM

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Part 3: New Employees Complete Emergency Contact Information

Primary Emerge	ncy Contact (First Name	Last Name)	Relationship
Cell Phone	Alternate Phone	Email Address	
Street Address: _			
City:	State:	Zip:	
Secondary Eme	rgency Contact (First Na	me Last Name)	Relationship
Cell Phone	Alternate Phone	Email Address	
Street Address: _			
City:	State:	Zip:	<u> </u>
_	st Name <i>(include suffix Jr.</i> nge Request? □ Yes □	, -	t Name Legal Middle Name
Note: Copies of Slegal name.	Social Security Card and	Photo ID are required	to verify legal name or to change
New Legal Last N	lame Ne	ew Legal First Name	New Legal Middle Name
Preferred First Na	ame Request? □ Yes	□ No	
Preferred First Na	ame	Preferred I	Pronoun Pronoun
Is this a change t	o the State email address	s? □ Yes □ No □ Do r	not have State email account
Note: DHR shall First Name Opera	-	request an email add	dress change per the Preferred

EMPLOYEE INFORMATION FORM

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Part 5: Agency HR Approval (Required If A Preferred Name Change Request, Section 4, Is Completed)

Completed)			
		□ Approve	□ Deny
Agency HR Name	Date		
If request is <u>denied</u> , provide reason f	for denial:		
Part 6: Acknowledgment			
☐ By using this form, the parties acl means. A party's electronic signature Ch. 12A may be provided by chec confirmation.	e for purpose of th	e Uniform Electronic	Transactions Act, 6 Del. C.
This form only changes the basic emp does not change your beneficiary info			
Employee Name		Date of Requ	est

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