

| 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.

| submitted to the agency Human Resources Office. | | | | | | | |
|---|------------------|--------------|-------------------|--|--|--|--|
| 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? | |
|-----------------------------|--|
|-----------------------------|--|

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 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 |

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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.