



University of Washington
PERSONAL DATA FORM
 Payroll Office

Please Type or
 Print Clearly

Social Security Number	Employee Name (Last, First & M.I.)
Home Department Name	Personal Mail Stop (Used to route internal mail to you)

Work Phone	Email Address:	Work Address:
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Local Address	Permanent Address (Complete if other than Local Address)
Apt. No., Route., Etc.	Apt. No., Route., Etc.
City	City
County	County
State	State
Zip Code	Zip Code
Home Phone	

Country of Citizenship (Complete if other than United States)	
Immigrant Status (Check One) <input type="checkbox"/> F1-Student <input type="checkbox"/> J1-Exchange Visitor <input type="checkbox"/> H1-Working Visa <input type="checkbox"/> IM-Immigrant <input type="checkbox"/> Other (Specify) _____	Date Entered USA (Attach Photocopy of Visa) _____ / _____ Month Year
Are you a regularly enrolled student at the University of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Visa Expires _____ / _____ Month Year

Emergency Contact Name	Day Phone	Evening Phone
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Educational Level: (Check One)			
<input type="checkbox"/> 01 No Academic Credit	<input type="checkbox"/> 04 High Sch. Diploma/ Eqv.	<input type="checkbox"/> 07 Assoc. of Arts	<input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.)
<input type="checkbox"/> 02 Grade School	<input type="checkbox"/> 05 Trade Sch. Certificate	<input type="checkbox"/> 08 B.A. / B.S.	<input type="checkbox"/> 11 Ph. D.
<input type="checkbox"/> 03 Some High School	<input type="checkbox"/> 06 Some College	<input type="checkbox"/> 09 M.A. / M.S.	<input type="checkbox"/> 12 Other Degree (e.g., Dr. of Education, Dr. of Science)
Graduation Year of Highest Degree: _____			

Employee Signature	Date
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