



PAYROLL DATA FOR NEW EMPLOYEE

Payroll Data Form

Please Print Clearly

Social Security Number										Hofstra ID (If already assigned)									
-										-									
Last Name																			
First Name																			
Middle Name																			
Payroll Address																			
Address Line 1																			
Address Line 2																			
City										State					Zip +4				
															-				
Home Phone										Cell Phone									
-										-									
Gender					Date of Birth (Month-Day-Year)					Marital Status									
<input type="checkbox"/> Male		<input type="checkbox"/> Female			-		-			<input type="checkbox"/> Single					<input type="checkbox"/> Married				
Ethnicity (Required for EEOC Reporting Services)										Race (Required for EEOC Reporting Services – Please select all that apply)									
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino										<input type="checkbox"/> White (1) <input type="checkbox"/> Black or African American (2) <input type="checkbox"/> Asian (4) <input type="checkbox"/> American Indian or Alaskan Native (5) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (6)									
Please check if applicable:										Disposition of Paycheck:									
<input type="checkbox"/> New York City Resident <input type="checkbox"/> Yonkers Resident										<input type="checkbox"/> Mail to Payroll Address (99993) <input type="checkbox"/> Pick up at Payroll Office (99991 or 99992) <input type="checkbox"/> Direct Deposit to bank w/voucher mailed to Payroll Address (99990)									
Employee Signature										Date									
Payroll OFFICE USE ONLY																			
Payroll Date Received										Payroll Verified by									