



Personal Information Data Sheet

Instructions: The following information is maintained on each University employee in order to comply with governmental agencies as well as maintain up-to-date institutional mailing lists, etc. Reports filed with governmental and accrediting agencies are of a statistical nature and do not reveal personal information on any identifiable individual employee.

Tuition Discount and Health Benefits: Please complete the Benefit Information section on the back of this form. This data will be used both to determine benefit eligibility for tuition discount and health benefits (medical, dental, vision), as well as determine any taxability for certain children utilizing the tuition discount. **Tuition benefits cannot be provided for the 2009-10 academic year without this information.** Please see <http://www.spu.edu/depts/hr/benefits/scholarshipnew.htm> for more information about the tuition discount. *The Key on the back of this page will help you properly identify your child's status (X, Y, or Z).*

Please complete this form and return it to the Office of Academic Affairs.

Check all titles that apply			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
First Name		Middle Name/Initial	Last Name
Preferred First Name		Social Security Number	Date of Birth
Home Address		City	State Zip
Phone Number		Gender	Denominational Affiliation
		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Marital Status		Spouse's Name	
<input type="checkbox"/> Single <input type="checkbox"/> Married			
Are you an SPU alum?		Do you currently receive the SPU Response (newsletter)?	
<input type="checkbox"/> Yes/Year? <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Department		Position Title	Employee Type
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Race/National Origin		SPU Campus Address	Office Phone
<input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, non-Hispanic			

Spouse / dependent Information		Date of Birth	Social Security Number
	Name		
Spouse			
Child			
	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-Age		
Child			
	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-Age		
Child			
	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-Age		
Child			
	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-Age		
Child			
	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-Age		
Child			
	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Over-Age		

Key:

Status Title	Description	Tuition Discount Benefit Treatment	Health Benefit (Medical/ Dental/ Vision) Treatment
Dependent Child	Under age 24 and <u>expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Eligible for benefit if conditions met prior to quarter's start.	Eligible for medical, dental, and vision benefits until both conditions no longer met.
Independent Child	Under age 24 and <u>not expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Eligible for benefit if conditions met prior to quarter's start. Under current IRS regulations, these benefits are considered taxable income to the employee.	Ineligible for benefit
Over-age Child	<u>Over</u> age 24 and <u>expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Ineligible for benefit.	Eligible for medical, dental, and vision benefits until both conditions no longer met.

Earned Academic Degrees:

Institution	Year	Degree

For Office Use Only: Date Entered: _____ Entered by: _____

OAA ORGN _____