



Mississippi State UNIVERSITY

Human Resources Information Form

Instructions: Use this form to add information for a new employee or to change current employee information. Please print or type information. Return this form to the Department of Human Resources Management, 150 McArthur, Mail Stop 9603, or call 325-3713 for additional information.

Check All That Apply: New Employee Name Change Campus Address Change Campus Phone Change
 Home Address Change Home Phone Change

REQUIRED INFORMATION:

1. Social Security Number (**WILL NOT BE PUBLISHED**): _____

2. Employee's Name: _____
Last First Middle Initial

3. Campus Mail Stop: _____

4. Office Location (Starkville Campus Only): _____
Building Name and Room Number

5. Dept. Postal Address _____
Box # or Street Address City State Zip

6. Office Telephone Number: _____ (Main office number or individual number)
Area Code Phone Number

7. Residence Information (Will be published only if you so specify below) *
a. Mailing Address: _____
b. City: _____
c. State: _____ d. Zip Code: _____
e. Home Telephone Number: _____

OPTIONAL INFORMATION:

8. If married, please give name of spouse: _____
(Will be published only if you so specify below) * Last First Middle Initial

*** RELEASE OF HUMAN RESOURCES INFORMATION**
The information in items 2 through 6 is considered to be departmental directory information. This information will be published in the campus directory and will be made available on the campus computer network. Items 7 (Residence Information) and 8 (Spouse's Name) are considered personal information. Do you wish to have your personal information published in the same manner?
 Yes No

SIGNATURE _____ **Date** _____

HRM USE ONLY Systems Benefits