

ACADEMIC PERSONAL PROFILE FORM

Direct deposit is mandatory for all IU employees. Visit fms.iu.edu/payroll/general-staf/direct-deposit for instructions to enroll in direct deposit. If you do not enroll prior to your first paycheck, payments will be deposited onto a pay card until enrollment is received. You can pick up you pay card from the campus Payroll office.

Type of Appointment: Academic Student Academic

Note: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

Legal Name:			
	Last	First	Middle
Preferred Name:			
	Last	First	Middle
Social Security Number:	<i>Do not Email SS#</i>	IUSM Department:	
University ID:		Campus Building Code & Room # <i>(for campus mail):</i>	
Office Address:			
	Street	City, State, Zip	

Your home address (your legal residence) is necessary for the university to mail tax information (including W2s) and benefit enrollment information (for eligible employees). It is also required for tax reporting to the IRS.

US Home Address:		
	Street	Apartment #
	City	State
		Zip Code

Primary Personal Phone:		Campus Phone:	
Non-IU Email:		IU Email:	

Sex: Female Male **Marital Status:** Single Married **Birthdate:** _____

Month Day Year

Have you ever been convicted of a felony? No Yes

Citizenship Status (MUST CHOOSE ONE): US Citizen Lawful Permanent Resident Other: _____

If not a US Citizen, primary country of Citizenship: _____

Birthplace (if born in US, only list the State; if born outside of the US, only list the country): _____

Are you Hispanic or Latinx? Yes No
If yes, please select:
 Cuban
 Mexican
 Puerto Rican
 Other: _____

What is your race? (select one or more)

American Indian or Alaskan Native: *A person having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition*
Enrolled or Principal Tribe _____

Asian: *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*

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Pakistani
- Vietnamese
- Other Asian _____

Black or African American: *A person having origins in any of the Black racial groups of Africa*

- African
- African American
- Afro-Caribbean
- Other Black _____

Native Hawaiian/Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*

- Guamanian
- Native Hawaiian
- Samoan
- Other Pacific Islander _____

White: *A person having origins in any of the original peoples of Europe, North Africa, or the Middle East*

Confidentiality - Under federal law, Indiana University is required to collect and report data regarding the sex, racial, and ethnic composition of its workforce. This information is used for reporting and administrative purposes.

Work Experience *Note: fill out completely. Do NOT state "See attached resume/CV"*

Dates of Employment From - To	Employer	City	State	Country	Ending Position/Title

Professional Education *Note: fill out completely. Do NOT state "See attached resume/CV"*

(List all colleges and universities attended. Do not list fellowship, residency, or postdoctoral training)

Degree	School	Completion Date	State	Country

Medical Board Certifications and Licenses

License or Certification	Number	Issued By	Issue Date	Expiration Date
NPI <i>(required for physicians)</i>				

Honors and Awards

Name of Honor or Award	Grantor	Issue Date
Alpha Omega Alpha Honor Society Member <input type="checkbox"/> Yes <input type="checkbox"/> No		

I hereby certify that all information and answers on this form are true and correct to the best of my knowledge and understanding.

Employee
Signature: _____

Date: _____