



Personal Data Form

<input type="radio"/> New	Employee ID:	SSN:	Effective Date:	
<input type="radio"/> Change/Update				
Name: (Last, First or Initial, Middle or Initial) (Name as it appears on your current Social Security Card)		Birth Date (mm/dd/yyyy):	Home Phone: (Area Code) 888-8888	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
Street/P.O. Box: (not applicable for Students/Grads)		City: (not applicable for Students/Grads)	State: (not applicable for Students/Grads)	Zip Code: (not applicable for Students/Grads)

Preferred Name:

Direct Deposit Authorization

I authorize NIU to deposit any amounts owed to me into my account at the following depository institution. I authorize NIU to debit my account only for the purpose of correcting an amount erroneously credited to my account. I understand this authorization will remain in effect until I notify NIU in writing by completing a new Direct Deposit Authorization form.

Financial Institution: _____, _____
(Name) (Address)

Routing#: _____ Checking _____
 Savings _____ (Account Number)

- Do not send a paper copy of direct deposit pay statement, I will view my information online using self serve.
 Please send me a paper copy of direct deposit pay statement. I understand that I can also save as above.

Student Loan Status/Disclosure Education Loan Repayment (DELIR)

Yes **No** Are you currently in default on the repayment of any state educational loan?

Citizenship	Applies to Non-Resident Aliens Only	Military Status	
<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> IAWR II PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT ALIEN	Citizenship Country _____ Visa Type _____	<input type="checkbox"/> NO MILITARY SERVICE <input type="checkbox"/> ACTIVE RESERVES <input type="checkbox"/> INACTIVE RESERVES	<input type="checkbox"/> VIETNAM VETERAN <input type="checkbox"/> OTHER VETERAN <input type="checkbox"/> RETIRED

Highest Educational Level		Ethnic	
<input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> HIGH SCHOOL GRAD/GED <input type="checkbox"/> TECH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> 2-YEAR COLLEGE <input type="checkbox"/> BACHELOR'S DEGREE	<input type="checkbox"/> SOME GRADUATE WORK <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> MD, DDS, JD <input type="checkbox"/> DOCTORATE <input type="checkbox"/> POST DOCTORATE	<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> WHITE / CAUCASIAN	

Education History

Degree	Date	Major	School
Degree	Date	Major	School
Degree	Date	Major	School
Degree	Date	Major	School

Emergency Contact Information

Name	Relationship	Phone: (888) 888-8888
Name	Relationship	Phone: (888) 888-8888

Employee Signature

Employee Signature:	Date: