

DATA SUMMARY SHEET

I understand that any changes in the following information must be reported to my facility/unit immediately.

Name: _____ SS# _____ Hire Date: _____

Home Address: _____ City, State, ZIP _____

Home Telephone (_____) _____ Email Address _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Race (check one): ☐ Caucasian ☐ Black ☐ Asian ☐ Hispanic ☐ American Indian ☐ Other _____

EMERGENCY NOTIFICATION INFORMATION: List, in order of preference, persons to be notified in case of emergency (workplace serious injury or death). You must *notify your facility/unit any time this information needs to be updated*.

1. _____
Name Relationship Address

City and State (_____) Primary Phone Number (_____) Secondary Phone Number

2. _____
Name Relationship Address

City and State (_____) Primary Phone Number (_____) Secondary Phone Number

3. _____
Name Relationship Address

City and State (_____) Primary Phone Number (_____) Secondary Phone Number

The agency will make emergency notifications when necessary; however, if you prefer such notification to be made by a specific person from either within or outside the agency, please list:

Name Address, City, State (_____) Phone Number

FINAL PAYCHECK BENEFICIARY (OPTIONAL): Please indicate the name, social security number, address, and telephone number of the person you are designating as the beneficiary for any final wages owed:

Name Relationship Full Social Security Number

Address City, State, Zip Code (_____) Telephone Number

Employee Signature _____ Date _____