

Please complete and submit this form (scan or fax) to Human Resources/Payroll Office. If you have further questions, please contact the HR/Payroll Office at (701)231-8961.

**Employee Information**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: (Month/Date/Year) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employee Campus Information**

Dept Name: \_\_\_\_\_ Dept #: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Required Services: check all that apply**

Default IT Services: \_\_ E-mail/Calendar \_\_ Library \_\_ Blackboard \_\_ Wireless Access \_\_ Computer Access

Phone

Parking

Office Space (Building Access), Department/Building Name \_\_\_\_\_

Housing

Wellness Center Access

Former Employee, ID # \_\_\_\_\_

Future Employee

Other \_\_\_\_\_

Method of Payment to Employee  NDSU Payroll  Vendor  Self Funded

Reports to/Dept Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Reports to E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Employee ID #: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

CW Position Number: \_\_\_\_\_ Dept/Employee Contacted: \_\_\_\_\_

Person of Interest: \_\_\_\_\_ Bison Connection: \_\_\_\_\_

**Please print this form.**

**Send this form to :**  
Human Resources/Payroll  
Dept 3140 PO Box 6050  
Fargo ND 58108-6050

Phone (701) 231-8961  
Fax (701) 231-9686