PERSONNEL RECORD
University of Hawai'i

Name ______________________ ______________________ ______________ Sex ____
Last First Middle M/F

Address ______________________ ______________________ __________
Number & Street City, State Zip Code

Home Phone __________ Cell Phone __________ Email ______________________

Change of Address ____

Date of Birth ____________________ Ethnic Origin ______________________

Citizenship ______________________ Years Residence in State ______________________

Married (Yes/No)________ Name of Husband or Wife ______________________

In Case of Accident Notify ______________________ __________ ______________
Name Phone Email

______________________ __________ ______________
Name Phone Email

Social Security No. xxx-xx- ________ Retirement Rate __________ Date Employed______________

Dept:__Campus Services______________________ Date Services Terminated ______________

DATE	TITLE OF POSITION	CLASSIFCATION SYMBOL	SALARY