

Type of Request: New Hire Rehire Address Change Name Change

PERSONAL INFORMATION

Legal Name Last: _____ First: _____ Middle: _____		Northwestern ID Number: <i>(if available)</i>	
Former Legal Name: <i>(if requesting a Name Change; a copy of your Social Security Card showing your updated Legal Name must be attached)</i>			
Birthdate: <i>(MM/DD/YYYY)</i>	I identify my gender as: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	National Provider Identifier/NPI: <i>(Feinberg faculty physicians only)</i>
Country of Citizenship:	Visa/Residency: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> H1 <input type="checkbox"/> Other <input type="checkbox"/> U.S. Permanent Resident <i>(not a U.S. citizen)</i>	Social Security Number: <i>(new hires only)</i>	
In which state will you be performing work for Northwestern?		Are you interested in contributing to the Northwestern University Voluntary Savings Plan, a 403b pre-tax retirement savings plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: New hires must complete Form I-9 online (northwestern.i9servicecenter.com) by the end of their first day of work and provide required documentation to be employed and paid. If you are not a U.S. citizen or permanent resident, contact payroll@northwestern.edu to complete information in the Foreign National Information System (FNIS).

CONTACT INFORMATION

Note: Your Form W-2 is sent to your Local Home Address; update your contact information anytime at www.northwestern.edu/myhr.

Local Home Address		Secondary Mailing Address	
Is this address part of on-campus student housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>(optional; please enter if your Local Home Address is unknown)</i>	
Number & Street:	Apt #:	Number & Street:	Apt #:
City:	State:	City:	State:
ZIP/Postal Code:	Country:	ZIP/Postal Code:	Country:
Work Phone Number <i>(indicate main office/department number if you do not know your direct extension):</i>			
Primary Home/Cell Phone Number:		Secondary Home/Cell Number: <i>(optional)</i>	
Personal Email Address: <i>(optional)</i>			

DEMOGRAPHIC DATA

Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? <i>(select one or more)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Non-Discrimination Policies: Northwestern University is committed to providing an environment free of discrimination, harassment, and retaliation. Please visit the following websites to learn more about Northwestern's non-discrimination policies and complaint processes: www.northwestern.edu/hr/equolopp-access and www.northwestern.edu/sexual-harassment.

SIGNATURE

Signature: _____	Date: _____
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FOR TEMPORARY EMPLOYEES ONLY – to be completed by the hiring department

Northwestern Student Status: <input type="checkbox"/> Student <input type="checkbox"/> Non-Student	Does this assignment require driving? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Does this assignment require access to Northwestern Memorial Hospital records? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Assignment Begin Date:	Assignment End Date: <i>(if known)</i>	HR Dept ID#:	Job Code:	Hourly Rate:	Time Entry: <input type="checkbox"/> Swiper <input type="checkbox"/> Non-Swiper
Fund:	FN Dept:	Project:	Activity:	Chartfield1:	Account:
Supervisor Name:	Supervisor ID: (7 digits)	Supervisor Position #	Supervisor Phone:	Supervisor Signature:	

Administrators: For temporary employees, review the hiring checklist and submission instructions at www.northwestern.edu/hr/temp hires. For all others, mail or bring the original form along with other relevant hire paperwork to HR Operations, 720 University Place, 2nd Floor, Evanston, IL 60208.