The University of Tennessee
Family/Related Person Form

Employee Name **Last**_____ **First** _____ **M. I.** ___
Personnel # _____ **SSN#** _____
Responsible Cost Ctr# _____ **Resp Dept**_____
Effective Date _____ **% Full Time**_____

FAMILY/RELATED PERSON (TI0021)

Spouse (subtype 1)

Name _____ **Date of Birth** _____ **SSN** _____
(mm/dd/yy)

Dependent Child (subtype 2)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yy)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yy)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yy)

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(mm/dd/yy)

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(mm/dd/yy)

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(mm/dd/yy)

Name _____ Date of Birth _____ SSN _____
(mm/dd/yy)

Employee Signature: _____ Date _____

Reviewed By: _____ Date _____
Department Head or Designee

Approved By: _____ Date _____
Human resources Representative