

Responsible Cost Center Number _____ Responsible Cost Center Name _____
 Preparer _____ Preparer's Phone Number _____ Date Prepared _____

SSN <i>(no dashes or spaces)</i>	Hire Date	TN Unique ID	NetID	Name <i>(Last, First, MI)</i>	DOB	Gender	% of Time	Ethnicity	Race	Marital Status	Position Number	Cost Center or WBS Element	Hourly Rate	Residence Status	Visa Type	Visa Exp. Date
									<input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5							
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APPROVALS

 Date _____

 Date _____

 Date _____

CODES TO USE ON THIS FORM			
Gender	F–Female M–Male	Residence Status	C–Citizen A–Non-Resident Alien N–Permanent Resident
Ethnicity	E1–Hispanic/Latino E2–Not Hispanic/Latino	Marital Status	M–Married S–Single
Race	R1–American Indian or Alaskan Native R2–Asian R3–Black or African American R4–Native Hawaiian or other Pacific Islander R5–White		