

AMHERST COLLEGE
 APPOINTEE INFORMATION
 FOR PAYROLL AND EMPLOYEE RECORDS

NAME – Legal

Last _____ First _____

Middle _____ Prefix _____ Suffix _____

Nickname _____

NAME – Preferred (if different)

Last _____ First _____

Middle _____ Prefix _____ Suffix _____

ADDRESS - Permanent

Street _____

City and State _____

Zip Code _____ Telephone _____

ADDRESS - Mailing (if different)

Street _____

City and State _____

Zip Code _____ Telephone _____

PERSONAL DATA

Marital Status _____ S = Single M = Married Sex (M/F) _____

Birth date (MM/DD/YY) _____ Social Security # _____

SPOUSE/SAME SEX DOMESTIC PARTNER *

Name: _____ Sex (M/F) _____
(First Middle Initial Last)

Birth date (MM/DD/YY) _____

* An affidavit of Domestic Partnership must be completed for this person to be eligible for College benefits.

DEPENDENTS

Name(s) <small>(First Middle Initial Last)</small>	Birth date <small>(MM/DD/YY)</small>	Sex <small>(M/F)</small>

GENERAL

In case of emergency please notify: _____
(Name) (Telephone Number)

WHERE DO YOU WANT YOUR CHECK SENT

Office Bank ** Special Request _____

** Account and bank routing numbers and a signed authorization form required – available from Human Resources.
 Direct deposit check stubs will be sent to your Campus Address unless otherwise specified.