Print Form

Clear Form

Department of Shared Administrative Services
Office of Personnel Management
Employee Master Data Form

Employee Name *(Last, First Middle Initial)*

Effective Date

Personnel Number | Business Area | Personnel Area | Organization Unit | OU Manager | PA Functions

Create Action (IT0000) *Required Field*

Reason for Action | Employee Group | Employee Subgroup

Position Number | Job Title | Class Code | Pay Grade

Personal Data (IT0002) *(Do not submit by e-mail if including SSN below)*

Gender | Nationality | Marital Status | Birthday | SSN

Organizational Assignment (IT0001) *Required Field*

Personnel Sub Area | Cost Center | Personnel Administrator Name and No. | Payroll Administrator Name and No.

Contract Hours | Internal Order No | Time Administrator Name and No. | Benefits Administrator Name and No.

Manager Name | Manager Position Number

Monitoring Date Specifications (IT0019)

End of Probation | DROP Start Date | DROP End Date | Pref. Eval. Date

Date Specifications (IT0041)

Original Hire Date | Latest Hire Date | Career Service Date | Opt Out AR Diamond | Leave Accrual Date | Merit Increase Date

Employee Business Address (IT0006)

Address | City | State | Zip Code | Business Number

Employee Personal Address (IT0006)

Address | City | State | Zip Code | Business Number

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Additional Information (IT0077)

Ethnic Origin | Military Status | ☐ EEO Exempt | ☐ Employee Eligible for Medicare | Disability | Disability Date

Residential Status (IT0094)

Choose: | ID Type | Issuing Authority | ID Number | Date Issued | Expiration Date

Work Permit Type | Issuing Authority | ID Number | Date Issued | Expiration Date

Planned Working Time (IT0007) *Required Field*

Employee Percentage | Work Schedule Rule | Time Management Status | Working Week | Part Time Employee | Additional Time I.D.

Basic Pay (IT0008) *Required Field*

Reason Code | Reason Name | Hourly Rate | Annual Salary | Wage Type

Residential Tax Area (IT0207)

Residential Tax Area | Work Allocation %

Work Tax Area (IT0208)

Tax Authority | Worksite (optional)

State Withholding Information (IT0210)

Filing Status | Allowances | Dependents | Additional Withholding Amount | State Tax Exempt

Federal Withholding Information (IT0210)

Filing Status | Allowances | Additional Withholding Amount | Federal Tax Exempt | Earned Income Credit

Emergency Contact (IT0021)

Name (Last, First, Middle) | Relationship | Gender | Phone Number

Address | City | State | Zip Code

Submitting Office

Contact Person | Phone Number

Approvals

☐ Approved ☐ Denied | Employee Supervisor/Manager | Date

☐ Approved ☐ Denied | Assistant Director or Designee | Date