



FOR AFFILIATE
APPOINTMENTS ONLY

FLORIDA ATLANTIC UNIVERSITY

AFFILIATE APPOINTMENT PERSONAL DATA SHEET

EMPLOYEE: Please Print or Type, **then return completed forms to your respective department.**

- 1. Social Security Number*: _____
- 2. Last Name: _____
- 3. First Name: _____ M.I. _____
- 4. E-mail Address: _____
- 5. Date of Birth: _____
- 6. Gender: M ____ F ____
- 7. U.S. Citizen: Y ___ N ___ (if No, what is your status? _____)
- 8. Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ Race: _____
- 9. Work Address: _____
- 10. Work Telephone Number: _____
- 11. Home Address: _____
- 12. Home Telephone: _____
- 13. Emergency Notification
 Person to Contact: _____ Relationship: _____
 Address: _____ City, State, Zip: _____
 Telephone Number: _____

Signature: _____ Date: _____

FOR FAU/COLLEGE USE

- Z Number: _____ (New appointees – please leave blank)
- Dates of Appointment: From _____ To _____
- Home Org: _____
- Employee's Campus Location: _____ Tel. Ext.: _____
- Div./College: _____

* Authorized by §119.071(5), F.S., 8 USC §1324(a) and 42 USC §653(a).

* **DEPARTMENT:** Return both forms (Pages 1 and 2) to Provost's Office after EPAF has been completed.

