

LOUISIANA STATE UNIVERSITY AT ALEXANDRIA
HUMAN RESOURCE MANAGEMENT OFFICE

I acknowledge that it is my responsibility to furnish all information needed to the Office of Human Resource Management to complete the paperwork necessary for my employment at LSUA. I further acknowledge that I will not be paid until such information (e.g. spouse data, beneficiary information, copy of social security card and driver's license, etc.) has been submitted and processed.

(PRINT) NAME OF NEW EMPLOYEE

(SIGNATURE) NAME OF NEW EMPLOYEE

STAFF, HUMAN RESOURCE MANAGEMENT