



LOUISIANA STATE UNIVERSITY
OFFICE OF HUMAN RESOURCE MANAGEMENT
EMPLOYEE INFORMATION SHEET

TO BE COMPLETED BY DEPARTMENT

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

TO BE COMPLETED BY EMPLOYEE

- 1. Date of birth: \_\_\_\_\_ 1a. Selective Service No., if applicable: \_\_\_\_\_
2. Are you a U.S. citizen/permanent resident? \_\_\_ Yes \_\_\_ No- If No- Enter work authorization and date of Expiration \_\_\_\_\_ Race \_\_\_\_\_.
3. Are you currently a contributing member of any Louisiana state retirement system? \_\_\_ Yes \_\_\_ No. If yes, which one? \_\_\_\_\_.
4. Are you retired from any Louisiana State retirement system? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which one? \_\_\_\_\_ Did you participate in DROP? \_\_\_ Yes \_\_\_ No.
5. Do you have 10 years or more of service credit with any Louisiana state retirement system? \_\_\_ Yes \_\_\_ No. If yes, which one? \_\_\_\_\_.
6. Do you have prior service at another Louisiana State agency? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, which one? \_\_\_\_\_ Are you transferring without a break in service? \_\_\_ Yes \_\_\_ No.
7. If you are related to any member of the present university staff, give name and indicate relationship. \_\_\_\_\_.
8. A full-time employee who is engaged or plans to engage in outside employment must report the nature of such activity in writing to his/her department head. Are you (will you be) self-employed or employed by another firm, institution, or agency while working at LSU? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, name firm: \_\_\_\_\_ How much time is involved? \_\_\_\_\_ per week/month/year.
9. Complete this only if you are a veteran who served more than 180 days active duty and received a discharge other than dishonorable. Are you a U.S. military veteran? \_\_\_ Yes \_\_\_ No If yes, check all that apply: Veteran of the Vietnam Era (8/5/64 - 5/7/75) \_\_\_\_\_, or Other Protected Veteran (see back of page to determine qualifying campaigns and expeditions) \_\_\_\_\_ or Newly Separated Veteran (discharged from active duty within a 12 month period of being hired at LSU) \_\_\_\_\_. Are you a disabled veteran (30% or more)? \_\_\_ Yes \_\_\_ No.
10. The following information is voluntary but it will assist us in providing for your specific work site needs. Do you have any disabilities? \_\_\_ Yes \_\_\_ No If yes, please indicate the nature of the disability and any suggested accommodations which you feel would assist you in carrying out your job duties. Use the back for more space.

The following oath is required of State employees by Louisiana Revised Statute 42:52.

LOYALTY OATH

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution and Laws of the United States and the Constitution and Laws of this State; and I will faithfully and impartially discharge and perform all the duties incumbent upon me as a(n) \_\_\_\_\_ and according to the best of my ability and understanding. So help me God.

\_\_\_\_\_  
Signature

Date

NOTICE: As mandated by Public Law 99-272, all university employees hired on or after 4/1/86 must be covered by the medicare tax since they are not covered by Social Security. It is required that the employee contribute 1.45% of wages earned and that the University match this amount.