Data Collection Form for New Faculty

Rev. Aug 2026

This form should be sent to new faculty to complete and returned to the hiring department administrator for processing new faculty hires in Workday. For questions, please contact faculty.admin@yale.edu for non-School of Medicine units, and ysmacademic@yale.edu for School of Medicine units.

Name

*Prefix ...	*First Name	Middle Name	*Last Name	Suffix ...
*Have you previously been employed or been a student at Yale? ☐ Yes ☐ No		If yes, list other names/aliases you have used below:		

U.S. Address/Contact Information

*Line 1			*Phone Number
Line 2			*Email (please confirm accuracy)
*City	*State	*Zip Code	

Personal Information

*Gender ...	*Date of Birth	Marital Status ...	Social Security Number
Hispanic/Latino/a/x ☐ Yes ☐ No	Race/Ethnicity ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Prefer Not to Answer		
*Citizenship Status ...	*Nationality ☐ US ☐ Other If other, enter country:		
Military Status ☐ Active Wartime or Campaign Badge Veteran ☐ I am NOT a protected veteran ☐ Armed Forces Service Medal Veteran ☐ Recently Separated Veteran ☐ Disabled Veteran ☐ I am a protected veteran, but choose not to self-identify the classifications to which I belong			

To request a temporary SSN, please contact employee services at employee.services@yale.edu with the necessary information found on the OFAS website.

_____ _____

Signature of Faculty Member Date

_____

Print Name