

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.

Employee Information

Legal Name

*Prefix ...	*First Name	Middle Name	*Last Name	Suffix ...
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Preferred Name

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

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

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, contact employee.services@yale.edu with the requirements found on the [OFAS website](#).

Signature of Faculty Member

Date

Print Name