

## HR Records Administration - Data Verification Request Form

Personal Information – <b>Must</b> be completed by Volunteer or Affiliated Employee			
Last Name:	First Name:	Middle Initial:	
Date of Birth:	Home Phone:	SSN:	
Address:			
City:	State:	Zip Code:	County:
Are you a former UAB employee/retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnic Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino, regardless of race <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> White			
Visa Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Other, please specify: _____			
Organization Information – To be completed by Department Representative			
UAB Organization Number:		Job Title:	
Assignment Status: <input type="checkbox"/> 04 Affiliated Zero Pay <input type="checkbox"/> 60 Volunteer		Supervisor Name:	
Begin Date:		Expected End Date:	
Brief description of duties and/or responsibilities:			

Signature of Aff Emp or Vol: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Signature: \_\_\_\_\_ Date: \_\_\_\_\_