



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES
Office of Personnel Management
Employee Master Data Form

Employee Name (Last, First Middle Initial) Effective Date

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|--|--|
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|--|--|

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|------------------|---------------|----------------|-------------------|------------|--------------|
| Personnel Number | Business Area | Personnel Area | Organization Unit | OU Manager | PA Functions |
| | | | | | |

Create Action (IT0000) Required Field

| | | |
|-------------------|----------------|-------------------|
| Reason for Action | Employee Group | Employee Subgroup |
| | | |

| | | | |
|-----------------|-----------|------------|-----------|
| Position Number | Job Title | Class Code | Pay Grade |
| | | | |

Personal Data (IT0002) (Do not submit by e-mail if including SSN below)

| | | | | |
|--------|-------------|----------------|----------|-----|
| Gender | Nationality | Marital Status | Birthday | SSN |
| | | | | |

Organizational Assignment (IT0001) Required Field

| | | | |
|--------------------|-------------------|--------------------------------------|-------------------------------------|
| Personnel Sub Area | Cost Center | Personnel Administrator Name and No. | Payroll Administrator Name and No. |
| | | | |
| Contract Hours | Internal Order No | Time Administrator Name and No. | Benefits Administrator Name and No. |
| | | | |
| Manager Name | | | Manager Position Number |
| | | | |

Monitoring Date Specifications (IT0019)

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|------------------|-----------------|---------------|------------------|
| End of Probation | DROP Start Date | DROP End Date | Pref. Eval. Date |
| | | | |

Date Specifications (IT0041)

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|--------------------|------------------|---------------------|--------------------|--------------------|---------------------|
| Original Hire Date | Latest Hire Date | Career Service Date | Opt Out AR Diamond | Leave Accrual Date | Merit Increase Date |
| | | | | | |

Employee Business Address (IT0006)

| | | | | |
|---------|------|-------|----------|-----------------|
| Address | City | State | Zip Code | Business Number |
| | | | | |

Employee Personal Address (IT0006)

| | | | | |
|---------|------|-------|----------|-----------------|
| Address | City | State | Zip Code | Business Number |
| | | | | |

Additional Information (IT0077)

| | | | | |
|----------------------|----------------------|---|----------------------|----------------------|
| Ethnic Origin | Military Status | <input type="checkbox"/> EEO Exempt | Disability | Disability Date |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Employee Eligible for Medicare | <input type="text"/> | <input type="text"/> |

Residential Status (IT0094)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Choose: | ID Type | Issuing Authority | ID Number | Date Issued | Expiration Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Work Permit Type | Issuing Authority | ID Number | Date Issued | Expiration Date |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Planned Working Time (IT0007) Required Field

| | | | | | |
|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|
| Employee Percentage | Work Schedule Rule | Time Management Status | Working Week | Part Time Employee | Additional Time I.D. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Basic Pay (IT0008) Required Field

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Reason Code | Reason Name | Hourly Rate | Annual Salary | Wage Type |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Residential Tax Area (IT0207)

| | |
|----------------------|----------------------|
| Residential Tax Area | Work Allocation % |
| <input type="text"/> | <input type="text"/> |

Work Tax Area (IT0208)

| | |
|----------------------|----------------------|
| Tax Authority | Worksite (optional) |
| <input type="text"/> | <input type="text"/> |

State Withholding Information (IT0210)

| | | | | |
|----------------------|----------------------|----------------------|-------------------------------|----------------------|
| Filing Status | Allowances | Dependents | Additional Withholding Amount | State Tax Exempt |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Federal Withholding Information (IT0210)

| | | | | |
|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| Filing Status | Allowances | Additional Withholding Amount | Federal Tax Exempt | Earned Income Credit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Emergency Contact (IT0021)

| | | | |
|----------------------------|----------------------|----------------------|----------------------|
| Name (Last, First, Middle) | Relationship | Gender | Phone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Submitting Office

| | |
|----------------------|----------------------|
| Contact Person | Phone Number |
| <input type="text"/> | <input type="text"/> |

Approvals

| | | |
|--------------------------------------|--------------------------------|----------------------|
| <input type="checkbox"/> Approved | Employee Supervisor/Manager | Date |
| <input type="checkbox"/> Disapproved | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Approved | Assistant Director or Designee | Date |
| <input type="checkbox"/> Disapproved | <input type="text"/> | <input type="text"/> |