

# The Adjutant General's Department

## Employee Data Information

*This information is needed for personnel and payroll records. It is the responsibility of the employee to complete this form and update information within ten (10) days of a change.*

\_\_\_\_\_  
 Name Other Names (last, nicknames, etc) Effective Date

\_\_\_\_\_  
 Home Address City State Zip Code County

\_\_\_\_\_  
 Home Phone Birth Date Employee's Primary E-mail Employee ID #

1. \_\_\_\_\_  
 Emergency Contact Relationship Work Phone Home Phone

\_\_\_\_\_  
 Home Address City State Zip Code County

2. \_\_\_\_\_  
 Emergency Contact Relationship Work Phone Home Phone

\_\_\_\_\_  
 Home Address City State Zip Code County

**Nepotism:** *List name and relationship of any relatives employed by the Adjutant General's Department. (KAR 1-9-21). Continue on back if needed.*

Name	Relationship	Worksite
_____	_____	_____
_____	_____	_____
_____	_____	_____

**State Employment:** List all previous state employment. Continue on back if needed.

Dates	Agency
_____	_____
_____	_____
_____	_____

**Worksite Information:**

**Location:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ (DSN) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Work#:** \_\_\_\_\_ (DSN) \_\_\_\_\_

**OSHR:** \_\_\_\_\_ **SHaRP** \_\_\_\_\_ **Database** \_\_\_\_\_