## Millersville University EMPLOYEE INFORMATION FORM

INSTRUCTIONS: Type or print legibly in INK; form must be completed and signed before payroll processing begins.

LAST NAME, FIRST M.I. (Preferred name for directory, email and/or website)    Check if Cell	LAST NAME, FIRST MIDDLE (As it appears on your Social Security Card)			PRIMARY (HOME PHONE)		
CITY STATE ZIP COUNTY  MARITAL STATUS:SingleMarriedWidowedDivorcedSeparated  MILITARY STATUS:NA   ActiveDisabled VeteranInactiveInactive ReserveOn Call   ReserveRetiredVietnam VeteranDischarge Date:  VETERAN STATUS:Non-Veteran   Special Disabled VeteranVietnam-Era VeteranOther Protected Veterar   Recently Separated VeteranArmed Forces Service Medal VeteranDisabled Veteran  I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND COMPLETE:	LAST NAME. FIRST M.	I. (Preferred name for di	rectory, email and/or website)	( )	ONDARY PHO	Check if Cell D
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