



OFFICE OF HUMAN RESOURCES ADJUNCT INFORMATION FORM

TO BE COMPLETED BY EMPLOYEE	EMPLOYEE NAME (Last, First, MI)		PREFERRED NAME	
	DATE OF BIRTH		SOCIAL SECURITY OR ITIN NO.	
	CITIZENSHIP			
	ADDRESS		CITY/STATE	
	ZIP/POSTAL CODE		COUNTRY	
	HOME PHONE NUMBER		CELL PHONE NUMBER	
	PERSONAL E-MAIL ADDRESS			
	HIGHEST DEGREE		DEGREE DATE	
	SCHOOL OR COLLEGE			
	MARITAL STATUS		NAME OF SPOUSE/DOMESTIC PARTNER	
EMERGENCY CONTACTS (Please list two)		RELATIONSHIP		
PHONE NUMBER (Specify Work, Home, Cell)				
1.				
2.				
<p>I UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT FULFULL MY OBLIGATION TO THE PAYROLL DEPARTMENT OF UTICA UNIVERSITY. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COMPLETE AND SUBMIT NECESSARY PAPERWORK TO PROCESS MY PAYROLL. FAILURE TO DO SO MAY RESULT IN DELAY IN PROCESSING MY WAGES.</p>				
<p>I HEREBY CERTIFY THAT I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE:</p>				
SIGNATURE OF EMPLOYEE:			DATE:	
SIGNATURE OF DEAN:			DATE:	
TO BE COMPLETED BY THE SCHOOL OFFICE				
PLEASE CHECK APPROPRIATE SEMESTER: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall				
PLEASE CHECK APPROPRIATE BOX: <input type="checkbox"/> Ground <input type="checkbox"/> Online <input type="checkbox"/> ABSN				
COURSE(S) TO BE TAUGHT				
ADJUNCT RATE OF PAY				
TO BE COMPLETED BY HUMAN RESOURCES				
BANNER ID NUMBER:			SCHOOL NOTIFIED ON:	

Post – Offer Invitation to Self-Identify

Utica University is a Government contractor subject to Executive Order 11246, which requires Government contractors to ensure equal opportunity for all persons, without regard to race, color, religion, sex or national origin, and the and the Vietnam Era Veterans Readjustment Assistance Act of 1974 (“VEVRAA”), as amended by the Jobs for Veterans Act of 2022, which prohibits discrimination against protected veterans and requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.

As part of the University’s affirmative action efforts, we request your cooperation in completing this voluntary identification form which allows us to comply with government requirements for record keeping and periodic reporting of this data. The information you provide will be treated confidential and will be used only in accordance with government reporting requirements. Failure to provide the information requested will not subject you to adverse treatment.

NAME: _____

DATE: _____

Gender: Male

Female

Race/Ethnicity (see below definitions)

Are You Hispanic or Latino? Yes

No

Race (Select all that apply):

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander Two or More Races

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

American Indian or Alaska Native- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Black or African American- A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

White- A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Two or more races- A person who identifies with more than one of the above five races.

*Utica University is an affirmative action/equal employment opportunity employer.
Women, minorities, veterans and persons with disabilities are encouraged to apply.*

Post – Offer Invitation to Self-Identify

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. The protected veteran categories are defined as:

Disabled Veteran refers to a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs or who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty, in the U.S. military, ground, naval or air service.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces service medal veteran refers to veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of these categories of protected veterans, please indicate by checking the appropriate boxes below.

- | | |
|--|--|
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Recently Separated Veteran
(provide date of discharge _____) |
| <input type="checkbox"/> Active duty wartime or campaign badge veteran | <input type="checkbox"/> Armed Forces Service Medal Veteran |
| <input type="checkbox"/> I choose not to self-identify as a
protected veteran | <input type="checkbox"/> I am NOT a protected veteran |

A request to benefit under this program may be made immediately and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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