# EMPLOYEE MASTER FILE INPUT SHEET

Social Security No. _____

First Name _____

Middle Name Initial _____

Last Name _____

Marital Status (W-4) Married_____ Single_____

Exemptions _____

Residential Address _____

PO Box _____

City, State, Zip Code _____

Sex M_____ F_____

Title Mr._____ Mrs._____ Miss._____ Ms. _____ Dr._____

*Degree 0___ 1___ 2___ 3___ 4___ 5___ 6___ 7___

*0 = NONE
1 = BA +BS
2 = BA + 20
3 = BA + 36

} 500 – 600 Level Classes

4 = MA
5 = MA + 20
6 = MA + 36
7 = DR

} 700 – 800 Level Classes

Birthdate _____

Certificate Date _____

Degree Date _____

Hire Date _____

Home Phone _____

Cell Phone _____