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

Employee Name *(Last, First Middle Initial)*

Effective Date

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)

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

Date Specifications (IT0041)

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	☐ EEO Exempt	Disability	Disability Date
		☐ Employee Eligible for Medicare		

Residential Status (IT0094)

Choose:	ID Type	Issuing Authority	ID Number	Date Issued	Expiration Date

	Work Permit Type	Issuing Authority	ID Number	Date Issued	Expiration Date

Planned Working Time (IT0007) *Required Field*

Employee Percentage	Work Schedule Rule	Time Management Status	Working Week	Part Time Employee	Additional Time I.D.

Basic Pay (IT0008) *Required Field*

Reason Code	Reason Name	Hourly Rate	Annual Salary	Wage Type

Residential Tax Area (IT0207)

Residential Tax Area	Work Allocation %

Work Tax Area (IT0208)

Tax Authority	Worksite (optional)

State Withholding Information (IT0210)

Filing Status	Allowances	Dependents	Additional Withholding Amount	State Tax Exempt

Federal Withholding Information (IT0210)

Filing Status	Allowances	Additional Withholding Amount	Federal Tax Exempt	Earned Income Credit

Emergency Contact (IT0021)

Name (Last, First, Middle)	Relationship	Gender	Phone Number

Address	City	State	Zip Code

Submitting Office

Contact Person	Phone Number

Approvals

	Employee Supervisor/Manager	Date
☐ Approved ☐ Disapproved		

	Assistant Director or Designee	Date
☐ Approved ☐ Disapproved		