



21 N. Park St. Suite 5101
Madison, WI 53715

Employee Campus Information

Name (Last, First Middle Initial)		Social Security Number	
Room Number	Building Name		Building Number
Department Name		Department UDDS	
Work Phone (area code with seven digit number) ()		Optional: Secondary Work Phone (do not list the phone to which your phone is backed up) ()	
Email Address			
Mail Box or Mail Drop Code		Effective Date <input type="checkbox"/> Immediately <input type="checkbox"/> Other _____	
Date (mm/dd/yyyy)	Employee Signature		

Return this to your Department Payroll Office