

NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM

Campus	%DRI	%GBC	%NSHE	%TMCC	%UNR	%WNC
Action	%New Employee	%Address Change*	%Name Change**	%Mail Stop Change	%Other	Effective Date _____
Employee Type	%Classified	%Temporary	%Technical	Employee ID # (if assigned) _____		
	%Faculty	%Postdoctoral Scholar	%Graduate Assistant			
	%Letter of Appointment	%Medical Resident	%Volunteer/Adjunct			

