

PERSONAL DATA FORM

Revised
03/2025

Employee's Name: _____
(Print full name as it appears on your Social Security Card)

Social Security Number: _____ Date of Birth: _____

Gender: _____ Male _____ Female

Check all that apply:

Race/Ethnicity: _____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Hispanic or Latino _____ Middle Eastern or North African _____ White
_____ Native Hawaiian or Pacific Islander

Check one:

Marital Status: _____ Single _____ Married _____ Divorced _____ Not Married

Section 1. R.S. 44:11 is hereby amended and reenacted to read as follow:

Confidential nature of certain personnel records notwithstanding anything contained in this Chapter or any other law to the contrary, the following items in the personnel records of a public employee of any public body shall be confidential:

1. The home telephone number of the public employee where such employee has choose to have a private or unlisted home telephone number because of the nature of his occupation with such body.
2. The home telephone number of the public employee where such employee has requested that the number be confidential.
3. The home address of the public employee where such employee has requested that the address be confidential.

____ YES ____ NO I want my home address to be regarded as confidential in accordance with R.S. 44:11.

HOME ADDRESS:

MAILING ADDRESS:

Telephone Number: _____

Cell Phone (Optional) _____

RESIDENCE PARISH: _____

EMERGENCY CONTACT:

NAME

PHONE

EMPLOYEE NAME (PRINTED)

EMPLOYEE SIGNATURE & DATE