



LUMBEE TRIBE ENTERPRISES, LLC

Personal Data Form

Employee's Full Name	
Employee ID Number	
Effective Date of Change	

If you are a new employee please complete all areas below. If you are a current employee submitting a change please complete only the areas below that are changing.

Social Security Number	
Date of Birth	
City and State of Birth	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Date of Marriage/Divorce:
Home Street Address	
City, State, Zip Code	
Home Phone Number	
Cell Phone Number	
Personal E-mail Address	
Nationality	
U.S. Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran Status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse/Domestic Partner's Name and Phone Number	
Emergency Contact Name and Phone Number	
Additional Emergency Contact Name and Phone Number	

Employee Signature		Date
HR Signature		Date

HR Use Only: Processed Changes in Health Care <input type="checkbox"/> Other Benefits <input type="checkbox"/> MassMutual <input type="checkbox"/> Flexible Benefit Administrators/COBRA <input type="checkbox"/> Accounting Department Notified <input type="checkbox"/>
