



Department of Forensic Science Employee Personal Data Sheet

The Department of Forensic Science (DFS) is required to maintain current personal data information to meet all federal and state requirements. In addition, DFS must maintain critical information on all employees in the event of an emergency. New hires should complete this form on or before their first day of employment and return it to dfshumanresource@dfs.virginia.gov. Current employees should e-mail their completed form to HR or send via inter-office mail.

Please complete all sections prior to submitting to DFS Human Resources.					
Change/Action		Employee ID *If Known		Lab/Division & Section	
Personal Information					
<i>Legal name is the name on your social security card and will be used for employment documents (I-9 form, W-2's, insurance registration, oaths, etc.)</i>					
Prefix	Last Name	Legal First Name	Preferred First Name	MI	Suffix
Address					
City			State	Zip	+4
Home Phone		Cell Phone		Date of Birth	
Personal Email Address					
In case of an emergency, please contact the following individuals: <i>*Secondary person will be contacted if primary person is unreachable.</i>					
Primary Contact		Telephone Number		Relationship	
*Secondary Contact		Telephone Number		Relationship	
Prior Virginia State Service <i>Complete if you have been part of VRS and/or the state leave program.</i>					
Service Type		Agency/Business Unit		From	To
Education <i>Please choose the best option from the drop-down box</i>					
Highest Level of Education			If applicable, specify Special Professional		
Gender/Race <i>The section below is VOLUNTARY. The information provided is used for EEOC reporting.</i>					
Gender			Race		
Citizenship Status					
Veteran Status <i>The section below is VOLUNTARY.</i>					
Veteran Status			Dates of Service to		
Signature					
<i>By signing below, I authorize the Human Resources Department, Department of Forensic Science, to make all changes as written above. I verify that these changes are accurate, and I am not submitting false information.</i>					
Employee Signature				Date	

Email completed form to dfshumanresource@dfs.virginia.gov