Pittsburg State University
PSU ID Worksheet

This form is only used by Human Resource Services (HRS) and Institutional Equity (IE) for the purpose of establishing a PSU ID for a new employee and/or determining if a PSU ID already exists.

Social Security #: _____-____-_____ **Date of Birth:** _____ / _____ / _____ **PSU ID#:** _____
                                                  Month   Day   Year

Name: _____   _____   _____
                Last   First   Middle

Maiden Name: _____   **Previous Name(s):** _____

_____

Are you currently employed in a benefits-eligible position at another Kansas Board of Regents Institution?

No _____
Yes _____ **Where** _____
*If yes, you will be paid by your home institution
*DEPARTMENT: Contact Administration & Finance

Current Address: _____
                      Street

_____
City   State   Zip

Contact Information: _____
                          Phone   Email

Previous Address: _____
                       Street

_____
City   State   Zip

Primary User Type (Check One):   _____ Employee   _____ Auxiliary Employee

_____ Student Employee   _____ Search Committee Member

_____ Former Employee

Employee Signature: _____   **Date:** _____
(optional)

Department Requesting ID: _____   **Date:** _____

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