

Medaille College Employee Banner Access Form

Please complete entire form and submit to Human Resources.
Please note that incomplete information may delay process of obtaining Banner access.

Employee Status:

☐ Full-time Faculty ☐ Full-time Administrator ☐ Full-time Staff
☐ Part-time Faculty ☐ Part-time Administrator/Staff


| | | |
|---------------------|---|-----------------|
| 1. Employee Section | Social Security # | Today's Date: |
| | Last Name: | Date of Hire: |
| | First Name: | Middle Initial: |
| | Select One Prefix: Dr ____ Mr ____ Miss ____ Ms ____ Mrs ____ | |
| | Select One Suffix: N/A ____ Sr ____ Jr ____ Other ____ | |
| | Date of Birth: | |
| | Home Address: | Apt. # |
| | City: | State: Zip: |
| | Home Phone: () | |
| | Cell Phone (optional): () | |

| | |
|-----------------------|--------------------------------------|
| 2. Department Section | Campus Address: |
| | City: State: Zip: |
| | Office Phone and Extension: () |
| | Department Name: |
| | Job Title: |
| | Fund/Orgn/Acct #: |

| | |
|----------------------------------|--|
| 3. Emergency Information Section | Emergency Contact Name: |
| | Home Address: Apt. # |
| | City: State: Zip: |
| | Home Phone: () |
| | Cell Phone (optional): () |
| | Select Relationship: ____ Mother ____ Father ____ Spouse ____ Relative ____ Friend |

| | | | |
|---------------|------------------------|--------------|--------|
| 4. Signatures | (Signature) | (Print Name) | (Date) |
| | Employee: | | |
| | Department Supervisor: | | |
| | HRIS: | | |

| | | | |
|---------------------|------------------------|---------------|------------------------|
| H R Office Use Only | Date Entered In Banner | By (initials) | Identification Number# |
| | | | |

| | |
|---|--|
|  | |
| Please select one in each category: | |
| Gender | |
| ____ M-Male ____ F-Female | |
| Citizenship | |
| ____ Y-US Citizen | |
| ____ N-Non US Citizen | |
| Race | |
| ____ 1-White Non Hispanic | |
| ____ 2-African American | |
| ____ 4-Native American/Alaskan | |
| ____ 5-Asian or Pacific Islander | |
| ____ 6-Hispanic | |
| Marital Status | |
| ____ S-Single ____ M-Married | |
| ____ D-Divorced ____ P-Separated | |
| ____ W-Widowed | |