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EMPLOYEE DEPENDENT INFORMATION FORM

Name of the Employee _____ Employee ID# _____
(Last/Middle/First)

Department/Office _____ Job Title _____ FT FTE FT Instructor
 PT Adjunct Temp

DEPENDENT INFORMATION:

_____ Male Female
Last Name First Name Middle Name

_____ Spouse Domestic Partner Child
Date of Birth Social Security Number

Child Classification:
 Biological Child Adopted Child Step Child Grandchild Legal Guardianship Child of Domestic Partner

_____ Male Female
Last Name First Name Middle Name

_____ Spouse Domestic Partner Child
Date of Birth Social Security Number

Child Classification:
 Biological Child Adopted Child Step Child Grandchild Legal Guardianship Child of Domestic Partner

_____ Male Female
Last Name First Name Middle Name

_____ Spouse Domestic Partner Child
Date of Birth Social Security Number

Child Classification:
 Biological Child Adopted Child Step Child Grandchild Legal Guardianship Child of Domestic Partner

_____ Male Female
Last Name First Name Middle Name

_____ Spouse Domestic Partner Child
Date of Birth Social Security Number

Child Classification:
 Biological Child Adopted Child Step Child Grandchild Legal Guardianship Child of Domestic Partner

_____ Male Female
Last Name First Name Middle Name

_____ Spouse Domestic Partner Child
Date of Birth Social Security Number

Child Classification:
 Biological Child Adopted Child Step Child Grandchild Legal Guardianship Child of Domestic Partner

Notice About Social Security Numbers (SSNs): Federal law requires to report income information and the SSN for all employees to whom compensation is paid. Employee's SSNs are also maintained and used for payroll and benefits and verification purposes as required and permitted by state and federal law. Nonemployee SSNs are requested for use and disclosure for benefits and verification purposes as permitted by state and federal law.

Signature of the Employee _____

Date (MM/DD/YYYY) _____

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81 Willoughby Street
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MIDTOWN MANHATTAN
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