



Print LAST NAME	Print FIRST NAME
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CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
SUPPLEMENTAL DATA SECTION

In compliance with pertinent federal regulations and applicable anti discrimination laws, the appointee is NOT to respond to the subsequent informational areas until the appointee is presented this Supplemental Data Section on the first day of his/her formal employment.

GENDER	
Male	Female

MARITAL STATUS	
Single	
Married	
Head of Household	
Widow/Widower	
Legally Separated	
Divorced	

DATE OF BIRTH		
Month	Day	Year

EEO ETHNIC CODE(s) Select from list below:	
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Equal Employment Opportunity Act Ethnic Categories		
CODE	DESCRIPTION	DEFINITION
A	ASIAN	Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
B	BLACK (NOT OF HISPANIC ORIGIN)	Person having origins in any of the black racial groups of Africa.
H	HISPANIC or LATINO	Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
I	NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER	Person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
O	AMERICAN INDIAN or ALASKA NATIVE	Person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
W	WHITE (NOT OF HISPANIC ORIGIN)	Person having origins in any of the original peoples of Europe, North Africa or the Middle East.

THE APPOINTEE IS REQUIRED TO PREPARE, SIGN, AND SUBMIT THE SUBSEQUENT FEDERAL AND STATE OF CONNECTICUT FORMS WITH THIS SUPPLEMENTAL DATA SECTION ON THE FIRST DAY OF FORMAL EMPLOYMENT.

W4 & CTW4 FORMS: FEDERAL AND STATE WITHHOLDING TAX REQUIREMENTS:

It is required by Internal Revenue Service (IRS) regulations, that IRS be provided an immediate copy of an employee's W4 withholding form if the employee,

- (a) claims total exemption from federal and/or state income tax withholding liability, or
- (b) claims ten (10) or more personal tax exemptions.

In compliance with federal and state child support legislation, all employers are required to report all new hires by name, address, and Social Security number to the Connecticut Department of Labor within twenty days of hire.

Employee Signature: _____ **Date:** _____