

Office of the Provost  
Hampton University  
Hampton, Virginia 23668  
(757) 727-5201

New Faculty Information Sheet

Please read carefully and complete **all** requested information.



\_\_\_\_\_ Full Time    \_\_\_\_\_ Part-time    \_\_\_\_\_ Adjunct

Name: \_\_\_\_\_  
                                First    Middle    Last    Jr., Sr., Etc.

Citizenship (country): \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Name of your department: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department Budget Number: \_\_\_\_\_  
**Budget information must be included**    Index    Fund    Org    Account    Program

Department Mail Box Number at the University Mail Room (this is where your check or check stub will be mailed): \_\_\_\_\_ Office Extension: \_\_\_\_\_



Emergency Contact Information:

\_\_\_\_\_  
                                Name    Telephone Number    Relationship

Address: \_\_\_\_\_  
                                Street    Apt. No.    City    State    Zip

