

UNIVERSITY *of* NORTH CAROLINA  
PEMBROKE

I understand that my Social Security number is required for payroll purposes. I voluntarily permit the use of my Social Security number for use in the HRIS Systems.

Please print you name and number **exactly** as it appears on your Social Security Card.

SOCIAL SECURITY NUMBER:

EMPLOYEE NAME:

(Please Print)

My signature below acknowledges I have read, understand and accept the above condition.

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Employee's Signature

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Today's Date

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**HUMAN RESOURCES**

I \_\_\_\_\_ verify the above information is accurate.  
Human Resources Representative

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Signature

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Today's Date