

**MOUNT SINAI HEALTH SYSTEM  
NEW FACULTY APPOINTEE DATA SHEET**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

(print)

(print)

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**SECTION I: CONTACT INFORMATION**

**A. WORK**

Department: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Additional Office Mailing Information, if any (e.g. Box #): \_\_\_\_\_

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**B. HOME**

Phone: ( ) \_\_\_\_\_

Apt./P.O. Box \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**SECTION II: AFFIRMATIVE ACTION IDENTIFICATION**

In accordance with Affirmative Action, as a faculty member of the Mount Sinai School of Medicine, an Affirmative Action institution, I am identifying myself as:

\_\_\_\_\_

\_\_\_\_\_

*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

\_\_\_\_\_

*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa*

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*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam*

*A 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*

*A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands*

***To be Completed by Human Resources:***

***LIFE #*** \_\_\_\_\_ ***POSITION CODE:*** \_\_\_\_\_

***DEPARTMENT NAME:*** \_\_\_\_\_ ***DEPARTMENT CODE:*** \_\_\_\_\_

***EFFECTIVE DATE:*** \_\_\_\_\_ ***COMPANY:*** \_\_\_\_\_

***Revised***