

# UAB Trainee Fact Sheet

Reset Form

Division Occasional Award

Non-UAB Student Trainee

Graduate Student Trainee

Full Name:  SSN #:

Birth Date  Gender:  Race/Ethnicity:

Blazer ID:

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Work Authorization/Visa Type (if applicable):

Work Authorization/Visa Expiration (if applicable):

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## Home Address:

Street Address:

City:

State:  Zip Code:

Home Phone:

## Campus Address:

UAB Building:

Room #:

City:

Zip Code:  UAB Zip:

Campus Phone:

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ACT Document #:

Hire Date:

Monthly Rate:

End Date: