

NEBRASKA DHHS DPH BOARD MEMBER DATA SHEET



Board of _____

Full Name _____

Preferred name _____

Credentials & Title _____
(Miss, Ms., Mrs., Mr., Dr.)

_____ Social Security Number*
*Required for financial reimbursement

Office Address:

Home Address:

Do you prefer to receive mail at work ___ or home___?

Public roster listing: work address & phone ___ or home address/phone ___

Office Phone:

Home Phone:

Cell phone:

Email address/es: _____

Please let staff know if you do not regularly check this email. It is ok to include more than one email address.

If your schedule varies by day of the week, please attach a contact schedule.

Legislative District/Senator _____ Congressional District _____

In keeping with the Department's intent of public participation, a committee/board membership list will be made available. Do you have any objections to including your address Y ___ N __, phone number Y ___ N __, or email address Y ___ N ___?

Car License Number: _____ (Needed for reimbursement for mileage)

Date of Birth: _____ (Needed for per diem payment processing)

Are you already in the State payroll system from other employment or board service? Y ___ N ___