TEXAS STATE
HUMAN RESOURCES

Personal Data Sheet

Rev. 5/2024

TX State ID (A#) XUC13 Title ☐ Mr. ■ Ms. ☐ Mrs. ☐ Dr.

Name Acia Gray Known as Acia Gray

Marital Status ☐ Single ■ Married Date of Birth 10-18-1960

Primary Phone 512-695-6560 Spouse's Name Deirdre Strand

Mailing Address 7325 Gaines Mill Lane

City/State/Zip Austin, TX 78745

My primary work location is outside of the state of Texas. ☐ Yes ■ No

Person(s) to contact in case of an emergency:

Name Deirdre Strand Relationship Spouse Phone 512-799-4039

Name Siobhan Cook Relationship Daughter Phone 512-529-4680

Privacy State law gives you the right to choose whether Texas State should allow public access to your home address, home telephone number, emergency contact information, Social Security number, and whether you have family members. **If you do not declare this personal information as confidential, it will be open to the public.** If you are a "peace officer," your home address and telephone number are automatically confidential.

I want my personal information to be confidential. ■ Yes ☐ No

I am a certified peace officer. ☐ Yes ■ No

Highest Education Level

☐ No degree earned ☐ Bachelor's Degree

☐ High School diploma or GED ☐ Master's Degree

☑ Associate's Degree ☐ Doctorate

☐ Certificate of Completion ☐ Special Professional *(LLB, DVM, MD, DDS, JD, ThD)*

Institution Issuing Highest Degree American Academy of Dramatic Arts / NYC

Date Granted 1981

Degree Title *ex. BS, BBA, BA, etc.* AOS

Specialization or Major *Please do not abbreviate.* Advanced Acting Technique

Ethnicity/Race

Are you Hispanic or Latino? *(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)* ☐ Yes ■ No

What is your race? *(check all that apply)*

☐ Black or African American ☐ Asian ☐ American Indian or Native Alaskan

☐ Native Hawaiian or other Pacific Islander ■ White

Veteran Classification and Self-Identification

Are you a veteran? ☐ Yes ■ No

I identify as one or more of the classifications of protected veteran listed:

☐ Active wartime or campaign badge veteran

☐ Recently separated veteran *date of discharge*: _____

☐ Armed forces service medal veteran

☐ Disabled veteran

☐ I am a protected veteran, but choose not to self-identify the classification to which I belong.

■ I am not a protected veteran.

Veteran Employment Preference, if applicable *(Individuals claiming preference must provide appropriate documentation).*

☐ Veteran, honorably discharged
☐ Surviving spouse (not remarried) of veteran
☐ Child of veteran killed while on active duty

Prior State Service

I have worked for the State of Texas (including all temporary, student, or previous Texas State University employment). *Local school district (ISD) and community college employment is not eligible.* ■ Yes ☐ No

- If yes, complete prior state service verification request form.

I am a direct transfer to Texas State University from another state agency or institution in Texas. ☐ Yes ☐ No

- If yes, where did you transfer from? _____

I am currently employed with another state agency or institution. ☐ Yes ■ No

- If yes, where? _____

*You must submit **required** dual employment request forms to your Department Head for approval.*

I am currently employed in a benefits-eligible position with a community/junior college or independent school district. ☐ Yes ■ No

- If yes, where? _____

Did you work for the State of Texas on 8/31/1995? ☐ Yes ■ No

If yes, complete the following. If no, continue to retirement section.

- Have you left State of Texas employment for more than 12 months? ☐ Yes ■ No
- Since 9/1/2005, have you left State employment for more than 30 days? ■ Yes ☐ No
- If no to both, where did you work on 8/31/1995? _____

Retirement

I am currently active in the Optional Retirement Program. ☐ Yes ■ No

I am currently an active member of the Teacher Retirement System of Texas (TRS). ☐ Yes ■ No

I have cashed in a TRS account. ☐ Yes ■ No

I am a retiree with ☐ TRS ☐ ORP ☐ ERS

Where did you retire from? _____ Retirement Date _____

Are you holding any public elective office for which you are receiving compensation? ☐ Yes ■ No
(Generally any agency position with federal, state, county, or municipal offices).

EMPLOYEE ACKNOWLEDGEMENT: **I acknowledge that I have been informed of the relevant web sites for New Employee Notices and the Staff Handbook. I understand that I am responsible for reading all the information on these sites within the first 30 days of my employment and agree to comply with all Texas State University procedures, policies, and conditions of employment. I understand that my department or Human Resources will provide me with assistance should I have questions concerning this information.**

New Employee Notices: www.hr.txstate.edu/New-Employee-Welcome.html under 'Getting Started'
Staff Handbook: www.hr.txstate.edu/staffhandbook.html

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and, if necessary, correct the information that Texas State University collects on me.

Employee Signature Acia Gray Digitally signed by Acia Gray Date: 2025.11.10 15:07:55 -06'00' Date 11-10-2025

*****Return completed form to Department PCR Initiator*****
*****Department instructions: Please attach this form to the PCR.***