

NEW EMPLOYEE INFORMATION SHEET

Please complete

Name _____
(Last) (First) (Middle)

SS# _____ E-Mail _____

Date of Birth _____ Place of Birth _____

Race _____ Citizenship _____ Visa _____

Marital Status _____ Name of Spouse _____

Local Address _____
(No.) (Street)

(City) (County) (State) (Zip)

Home Phone _____ Previously Employed at UGA _____
(Area Code) (Number)

Where _____ When _____ Highest Degree _____

From _____ Date Graduated _____

Emergency Notification Contact _____

Number _____ Relationship _____
(Area Code) (Number)

Business Office Use

Start Date _____ Title _____

Hourly Rate or Salary _____ Department _____

Account Number _____ Supervisor _____

% Time _____ Building Name _____

Building Number _____ Room Number _____ Phone _____

Supervisor Name _____ Phone Number _____

Funding Source _____
(ex. Dean, Department, Grant, Foundation, etc.)

