

**College of Public Health
Hourly Bi-Weekly
Appointment Information Sheet**

Dept Name _____ Dept Phone # _____ Effective Date _____

Employee Name _____ SS# _____
Last First M

Permanent Address _____ Non-Work Phone _____

City _____ GA _____ Zip _____ E-Mail Address _____

University Bldg Name & # _____ Room # _____ Univ Phone _____

Date of Birth _____ Citizen of _____ I-9 _____ Visa _____

Sex: Male _____ Female _____ Marital Status: Single _____ Married _____

Race: _____ White _____ Black _____ Oriental/Asian _____ American Indian
_____ Hispanic _____ Multiracial _____ Other _____ Define

Highest Degree Earned _____ Institution _____ Year Graduated _____

Credit hours registered for _____ Session : Fall _____ Spring _____ Summer _____

UGA Employment History: _____ Current _____ Previous _____ New Employee
_____ Date of Previous Employment

Is employee on any other UGA payroll? _____ yes _____ no
If so where _____ Job Title _____ % of Time _____

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POSITION SHORT TITLE: _____ STUWK or _____ LBCLR. Check Distribution _____

Position Title _____ Job Class Code # _____

% of Time Employed _____ Number of hours working per week _____

Appointment Begin Date _____ Appointment End Date _____

Full Time Annual Rate _____ Hourly Rate _____ Total Pay _____

Account Name _____ Account Number _____

Assignment _____

Remarks/Comments _____

Department Head/Director of Unit Signature _____ Date _____

PI Signature (if grant funded) _____ Date _____