

**COLLEGE OF PUBLIC HEALTH
REGULAR CLASSIFIED STAFF & POST DOCTORAL ASSOCIATES
(benefit eligible)
Appointment Information Sheet**

Dept. Name _____ Dept. Phone # _____ Effective Date _____

Employee Name _____ S.S.# _____
Last First M

Permanent Address: _____ Non-Work Phone # _____

City: _____ State _____ Zip _____ E-Mail Address _____

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

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

Male _____ Female _____ Married _____ Single _____

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

Highest Degree Earned _____ Institution _____ Year Graduated _____

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

Is employee on any other UGA payroll? _____

If so, where _____ % Time _____ Job Title _____

NON-ADMINISTRATIVE _____ or ADMINISTRATIVE _____
(biweekly pay type) (monthly pay type)

Departmental Payroll Distribution # _____ Full Time Annual Salary \$ _____

Appointment Begin Date _____ % of Time Employed _____

Appointment End Date _____

Position Title _____ Job Class code# _____

(list name of last incumbent in position _____)

Account Name _____ Acct # _____

Revisions/change: name from _____ to _____; s.s.# from _____ to _____

Marital status from _____ to _____; percent from _____ to _____; title from _____ to _____
_____; pay type from _____ to _____

Remarks/Comments _____

Department Head/Director of Unit Signature: _____ Date _____

PI Signature (if grant funded): _____ Date _____
