



NEW HIRE GRAD/STUDENT/TEMP Appointment Information Form

Dept Name: _____ Phone#: _____ Effective Date _____

Employee Name: _____

810 or 811# _____ Email Address: _____

Permanent Mailing Address: _____

Non-Work Phone # _____ UGA Phone # _____

University Building Name _____ Room # _____

Highest Degree Earned: _____ Institution: _____ Year Graduated: _____

Number of credit hours registered for Session: Summer: _____ Fall: _____ Spring: _____

*****NOTE: You must be registered for classes before you may be added to Payroll*****

UGA Employment History:

Are you currently on any other UGA Payroll? Yes ☐ No ☐ Are you related to a CPH Employee? Yes ☐ No ☐

If so, department in which you are employed? _____

If so, name of CPH Employee? _____

% Time Employed: _____ %

Job Title: _____

New Appointment Information:

Position Title: _____ Standard # of Work Hours: _____ per week

Graduate Assistant Appointments: Doctoral Level ☐ Masters Level ☐

10 month ☐ or 12 month ☐

CURRENT CPH Graduate Full-Time Annual Salary Rates: PhD \$ _____ Masters \$ _____

Full Time Annual Rate: \$ _____ Start Date: _____ Last Work Day: _____

% of Time to be Employed: _____ % (e.g. 50.000%) FTE: _____ (e.g. .50000)

Total Amount to be paid during appointment period: \$ _____

Hourly/Monthly Comp Rate: \$ _____

Description of Job Assignment (e.g. Course name/#, Dr. Smith's Research Lab, etc.): _____

Physical demands _____

EMPLOYEE COMPLETES
TOP SECTION ONLY

DEPT COMPLETES BOTTOM SECTION

| Percentage of Effort | Number of Hours to Work Per Week |
|----------------------|----------------------------------|
| 11.111% | 4.444 |
| 16.667% | 6.667 |
| 22.222% | 8.889 |
| 33.333% | 13.333 |
| 44.444% | 17.778 |
| 50.000% | 20.000 |

Appointment Requirements, if yes explain below (will govern the background investigation):

1. Is driving required of this position: Yes ☐ No ☐
2. Does this position have direct interaction or care of children under the age of 18 or direct patient care? Yes ☐ No ☐
3. Does this position have Security Access (e.g., public safety, IT security, personnel records, patient records, or access to chemicals and medications? Yes ☐ No ☐

Appointment Remarks/Comments:

Reports to/Supervisor, if different than department head: _____

PI Signature (if grant funded): _____ **Date:** _____

Department Head/Director of Unit Signature: _____ **Date:** _____

To be completed by Business Manager and CPH Business Office Staff ONLY

Date: _____

Position Number: _____

New Position ☐ Vacant Position ☐ Replacement of _____

Chart String Name _____

Combo Code _____

Business Manager/Senior Accountant Name: _____

Business Manager/Senior Accountant Signature: _____

HR Coordinator Name: _____

HR Coordinator Signature: _____