

NEW EMPLOYEE INFORMATION

Office of Senior Vice President for Academic Affairs & Provost/Office of Vice President for Instruction

Full Name: _____

Current Street Address: _____ (No PO Boxes/work addresses)

City, State, Zip: _____

Non-Work Phone Number: _____

UGA ID Number: _____

Date of Birth: _____

Marital Status: _____

Gender: Male: _____ Female: _____

Ethnic Origin: Hispanic: _____ White: _____ African-American: _____ Asian: _____ Other: _____

Citizen of: _____ Visa (Y/N): _____ Visa Type: _____

UGA Email Address: _____

UGA MY ID: _____ (Your MY ID may be different than your email address)

Highest Degree Obtained: _____

Previously employed by UGA? (Y/N): _____

Name and Telephone number of emergency contact: _____

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## FOR STUDENT WORKERS/TEMPORARY EMPLOYEES:

Are you currently enrolled in UGA classes? (Y/N): \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Will you be enrolled in UGA classes next semester? (Y/N): \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

**(Full-time UGA enrollment is 6 or more hours per semester; part-time is less than 6 hours)**

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FOR SUPERVISORS:

Start Date: _____

Salary or hourly rate: _____

Percent time employed: _____

Supervisor's signature: _____

Please observe UGA policies regarding employees' personal information - DO NOT EMAIL OR CAMPUS MAIL THIS FORM!

Hand-deliver this form to Academic Fiscal Affairs, 212 New College.