EMPLOYEE PERSONNEL REPORT

UNIVERSITY OF GEORGIA

CLEAR FORM

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION
		/ /	04		Terry College of Business

DEPARTMENT / PROJECT	PRI DEPT	HIGH DEGREE	INSTITUTION	YEAR
Alumni Relations	734-Terry Store			

SOC. SEC. NUM.	LAST NAME	FIRST NAME/INITIAL	MIDDLE INITIAL/NAME	SUF

STREET OR ROUTE NO. (LINE 1)	NON-WORK PHONE	BIRTH DATE	SPOUSE'S NAME	CHAIR
		/ /		

STREET OR ROUTE NO. (LINE 2)	UNIVERSITY PHONE	CITIZEN OF	I-9	VISA	COUNTY
				RF-Res	029

CITY	STATE	ZIP + 4	UNIVERSITY BUILDING NAME	BLDG. NO/FLOOR/ROOM
ATHENS	GA		Caldwell Hall	0044-De GRND

UGA EMPLOYMENT HISTORY

☐ (C) CURRENT ☐ (P) PREVIOUS

DATE / /

If previously employed, which UGA department?

PAY TYPE

H

ACTION MO DA YR

UGA % TIME

☐ (1) REGULAR ☐ (3) TEMPORARY
☐ (2) UGA STUDENT ☐ (4) NR-ALIEN

☐ (E) EXEMPT ☐ (N) NON-EXEMPT ☐ (T) TIPPED

☐ (M) MALE ☐ (S) SINGLE ☐ (Y) FACULTY RANK
☐ (F) FEMALE ☐ (M) MARRIED ☐ (N) NON-FACULTY

☐ (1) WHITE ☐ (3) ORIENTAL/ASIAN ☐ (5) HISPANIC
☐ (2) BLACK ☐ (4) AMERICAN INDIAN ☐ (6) MULTIRACIAL
☐ (9)

FOR PAYROLL DEPT USE ONLY

FED	EXM	STATE	EXM	
				OASDI ____ RETIRE ____ GDCP ____
				HI ____ EIC ____

COUNTY MONEY (PER PAY PERIOD)

COOP. EXT. EMPLOYEES ONLY
UGA SALARY ____
COUNTY MONEY ____
TOTAL ____

PAYROLL PAYMENT DISTRIBUTION
☐ (1) SEND TO DEPT (DIST CODE) ____
☐ (2) DIRECT DEPOSIT (SEND PR105 TO PAYROLL)
☐ (3) PICK UP AT PAYROLL WINDOW

TRX	HOME DEPT	SHORT TITLE	POSN NO.	APPT. BEGIN MO DA YR HR	APPT. END MO DA YR HR	JOBCLASS CODE	POSITION TITLE	POS % TIME	C N	FULL TIME ANNUAL SALARY	S C	SUPPLEMENT AMOUNT
							STUWK (enrolled)					

PAYROLL AUTHORIZATION

TRX	HOME DEPT	SHORT TITLE	POSN NO.	ACCOUNT	FISCAL YEAR EFT	FISCAL YEAR BUDGET
				TOTALS		

	MO DA YR HR	MO DA YR HR	MO DA YR HR	MO DA YR HR	MO DA YR HR
FROM	/ /				
THRU	/ /				
AMOUNT PER PAY PERIOD					
OR HOURLY RATE					

CHECK ALL THAT APPLY

☐ (A) NEW UGA EMPLOYEE ☐ (B) LATERAL TRANSFER ☐ (C) PROMOTION
☐ (D) REPLACEMENT POSITION - NAME OF LAST INCUMBENT ____
☐ (E) APPOINTMENT TO NEW POSITION
☐ (F) CHANGE % TIME EMPLOYED FROM ____ TO ____
☐ (G) CONTINUATION WITHIN EXISTING BUDGET
☐ (H) REVISE DISTRIBUTION OF SALARY
☐ (I) TRANSFER FROM DEPT ____ TO ____
☐ (J) CHANGE PAY TYPE FROM ____ TO ____

☐ (K) CHANGE TITLE FROM ____ TO ____
☐ (L) CHANGE NAME FROM ____ TO ____
☐ (M) CHANGE SSN FROM ____ TO ____
☐ (N INCREASE HOURLY RATE ____ TO ____
☐ (O CHANGE ADDRESS ____ TO ____
☐ (P) TERMINATION - REASON ____
☐ (Q) OTHER (SPECIFY) ____
☐ (R) CHANGE ACCOUNT NUMBER ____ TO ____

REMARKS

DEPARTMENT HEAD	DATE	VICE PRESIDENT	DATE	BUDGET REVIEW	DATE	BUDGET OFFICE	DATE
DEAN/DIRECTOR	DATE	FACULTY RECORDS	DATE	CONTRACTS & GRANTS	DATE	PERSONNEL	DATE