EMPLOYEE PERSONNEL REPORT

UNIVERSITY OF GEORGIA

CLEAR FORM

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION
		/ /	04		

UGA EMPLOYMENT HISTORY
(C) CURRENT (P) PREVIOUS
DATE / /

If previously employed, which UGA department?

PAY TYPE: S

DEPARTMENT / PROJECT	PRI DEPT	HIGH DEGREE	INSTITUTION	YEAR
External Relations	196-Dean's Office and su			

ACTION MO DA YR

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

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)

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

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
				/ /	/ /							

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					

(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) LEAVE W/O PAY FROM _____ TO _____
(O) CHG COUNTY $ FROM _____ TO _____
(P) TERMINATION - REASON _____ TO _____
(Q) OTHER (SPECIFY) _____

REMARKS

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

February, 2002
http://www.busfin.uga.edu/forms/