

College of Education
Faculty Appointment Information Sheet

Dept. Name _____ Dept. Phone _____ Payroll Dist. Code _____

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

Permanent Address _____ Non-Work Phone No. _____

City _____ State _____ Zip _____ Email Address _____

Univ. Bldg. Name & No. _____ Room No. _____ Univ. Phone _____

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

Male _____ Female _____ Marital Status: Single _____ Married _____
Race: _____ White _____ Black _____ Oriental/Asian _____ American Indian
_____ Hispanic _____ Multiracial _____ Other (Define) _____

Highest Degree Earned _____ Institution _____ Year Graduated _____

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

Position Title _____ Job Class No. _____

Dates of Appointment _____

Full Time Annual Rate _____ Percent Time Employed _____
(for retire/rehire: annual rate at time of retirement)

Contract Type (12 mo. or 9 mo.) _____

Total Pay _____

Account Name _____ Account Number _____

Assignment _____

Revisions/Change: Name from _____ to _____; SS# from _____ to _____;
Marital status from _____ to _____; Percent of time from _____ to _____;
Title from _____ to _____; Pay type from _____ to _____

Remarks/Comments:

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

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

Additional Paying Account Number:

Position Title _____

Job Class No. _____

Dates of Appointment _____

Full Time Annual Rate _____
(for retire/rehire: annual rate at time of retirement)

Percent Time Employed _____

Contract Type (12 mo. or 9 mo.) _____

Total Pay _____

Account Name _____

Account Number _____

Assignment _____

Additional Paying Account Number:

Position Title _____

Job Class No. _____

Dates of Appointment _____

Full Time Annual Rate _____
(for retire/rehire: annual rate at time of retirement)

Percent Time Employed _____

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