EMPLOYEE PERSONNEL REPORT

UNIVERSITY OF GEORGIA

Clear Form

DOCUMENT NO.	PAGE	DATE	FY	DEPARTMENT PHONE	COLLEGE OR DIVISION

DEPARTMENT / PROJECT	PRI DEPT	HIGH DEGREE	INSTITUTION	YEAR

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

CITY	STATE	ZIP + 4	UNIVERSITY BUILDING NAME	BLDG. NO/FLOOR/ROOM

UGA EMPLOYMENT HISTORY

☐ (C) CURRENT ☐ (P) PREVIOUS

DATE ___/___/___

PAY TYPE

UGA % TIME

ACTION MO DA YR

☐ (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 ___
H I ___ 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

	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 POSITION
☐ (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

EXAMPLE