EMPLOYEE INFORMATION SHEET
PART-TIME/TEMPORARY

Name: ________________________________

Home Address: ____________________________________________
Number/Street Apt. No.

City: __________________________ State: ______ Zip Code: __________

Home Phone: _______ _______ _______ County of Residence: ____________

Department: ________________________________________________

Birth date: ____________ Race: ______________ Gender: ________________

IN CASE OF EMERGENCY, NOTIFY:

Name: ____________________________ Relationship to you: ______________________

Day Phone: _____ ___ _______ Evening Phone: _____ ___ _____

Home Address: ____________________________________________
Number/Street Apt. No.

City: __________________________ State: ______________ Zip Code: ______

_________________________ __________________________
Employee’s Signature Date

An Associate Degree-Granting Unite of the University System of Georgia/AA/EOE
02/07