

# IBR EMPLOYEE INFORMATION FORM

All new employees (or those with personnel changes) should complete the reverse side. This form should be submitted by the employee's supervisor to the IBR Business Office by the beginning date of the pay period. This section should be completed by the supervisor for all new appointments or change in status:

Employee Name: \_\_\_\_\_

Effective date of new  
Appointment or change  
In appointment: \_\_\_\_\_

Note: Under most circumstances, appointment date should coincide with the beginning of pay period. Please verify with IBR Business Office the dates if you are unsure.

Type of payroll:            Hourly            \_\_\_\_\_            Salaried            \_\_\_\_\_  
   Academic            \_\_\_\_\_            Monthly            \_\_\_\_\_

Type of appointment:    \*Hourly STUWK \_\_\_\_\_            Grad. Rsch. Asst. \_\_\_\_\_  
   Hourly LBCLR \_\_\_\_\_            Other (specify) \_\_\_\_\_

\*Individual must be enrolled at UGA the semester employed to be classified as STUWK. Please notify IBR Business Office whenever there is a change in enrollment from student or non-student status.

Account or Project from Which Employee Paid: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_            Period of Appointment  
% of time work: \_\_\_\_\_            (If not open ended): \_\_\_\_\_

If appointment is for a limited time or specific amount, please  
Indicate the total amount to be paid (if applicable): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
(Please note written confirmation of employment must be provided either by supervisor's signature on this form or the supervisor e-mailing the IBR Business Office.)

Reason for Personnel Report:  
(Check all that apply)

- \_\_\_\_\_ New UGA Employee
- \_\_\_\_\_ Change % time employed from \_\_\_\_\_ to \_\_\_\_\_
- \*\* \_\_\_\_\_ Change Rate of Pay from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ Change Name from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ Change in Enrollment Status (Specify) \_\_\_\_\_
- \_\_\_\_\_ Termination    Effective date and reason: \_\_\_\_\_  
(Exit Interview Questionnaire and Exit Checklist must be completed and returned to IBR)
- \_\_\_\_\_ Other (Specify): \_\_\_\_\_

\*\*Pay raises can be given only on October 1 each year except for special circumstances. Please verify raises with IBR Business Office before informing employee of pay increase

## IBR EMPLOYEE INFORMATION FORM

Supervisor should complete the reverse side.

This section should be completed by new employees (or those with personnel changes):

NAME: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HIGHEST COLLEGE DEGREE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_ YEAR: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERMANENT ADDRESS (If different from local): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCAL PHONE: \_\_\_\_\_ UGA OFFICE PHONE: \_\_\_\_\_

CITIZEN OF: \_\_\_\_\_ VISA (if not US citizen): \_\_\_\_\_

MARITAL  
STATUS:

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

RACE: WHITE: \_\_\_\_\_ BLACK: \_\_\_\_\_ ORIENTAL / ASIAN: \_\_\_\_\_ AMER. INDIAN: \_\_\_\_\_

HISPANIC: \_\_\_\_\_ MULTI-RACIAL: \_\_\_\_\_ OTHER: \_\_\_\_\_

CURRENTLY EMPLOYED AT UGA? \_\_\_\_\_ % TIME CURRENTLY EMPLOYED: \_\_\_\_\_

JOB TITLE AND  
DEPARTMENT (if currently employed): \_\_\_\_\_

PREVIOUSLY EMPLOYED AT UGA? \_\_\_\_\_ DATE LAST EMPLOYED: \_\_\_\_\_

### PAYROLL PAYMENT DISTRIBUTION OPTIONS:

ALL PAYROLL CHECKS ARE DIRECT DEPOSITED

(Additional form must be completed; contact IBR Business Office or visit our web page at <http://www.ibr.uga.edu/>)