



New Faculty/Staff Form

The fields above the line are required for all new faculty and staff. Additional fields below the line are required *only* for current employees of MCG

Request Date:

Last Name:

First Name:

Middle Initial:

Social Security Number:

Employee Status: Permanent Temporary

Employee Start Date:

New Department:

New File Server: MCG_SCLNURS

New Post Office: SCLNURS

New Building Room:

New Phone Number:

*** Fields below are required *only* for current employees of MCG**

* Employee End Date:

* Current Department Name:

* Current File Server:

* Current Post Office:

* Current Network ID:

* Current Email ID:

Approve by Department Head:

Send completed form via campus mail to Gilbert Williams, SON-EG-3004 or fax it to 1-5759.