



NEW HOUSE STAFF INFORMATION SHEET

Please complete the following as accurately as possible.

(All requested information is required to establish your record with Employee Health & Wellness)

(PLEASE PRINT)

Name (Complete Legal Name)	
Date of Birth	
Social Security Number	
Gender	
Mother's Maiden Name	
Local Address	
Local City, State, Zip	
Local County of Residence	
Home Phone Number	
Cell Phone Number	
Email Address	
Employer	Augusta University
DEPARTMENT NAME	
Program Year	
Start Date	

If you have any questions or need assistance, please contact:

Employee Health & Wellness
706-721-3418 (Office)
706-721-0882 (Fax)