Part-Time Employee Data Entry Form **Employee Number:**

Form Must Be Complete
Incomplete forms will be returned

EMPLOYEE INFORMATION

Social Security Number: - -

Name:
First Middle Last
Street Address:

City: **State:** **Zip:**

Home Phone: ( ) - **Sex (Check One) Male ☐ Female ☐**

Date of Birth: / /

Ethnic Group: (Check One)

1. White ☐ 2. Black ☐ 3. American Indian ☐ 4. Hispanic ☐ 5. Asian ☐ 6. Other ☐ 7. Undisclosed ☐

Is employee a retiree from the NC Teachers' & State Employees' Retirement System? ☐ Yes ☐ No

Effective date of retirement:

POSITION INFORMATION

GL Account Number: -- -- -- -

Job Title/Position: **Pay Rate:**

Status: (Check One) Part Time ☐ Student ☐ **Start Date:**

Job Site: **Rehire Date:**

I-9 is complete (start date is correct) **yes ☐** **no ☐**
W-4 and NC-4 are complete and correct **yes ☐** **no ☐**
Supervisor Name:

Form must be completed in entirety. (Incomplete forms will be returned)

Information Submitted by:

Department: **Phone Ext. Number:** **Date:**

Please call extension 2407 or 2405 with questions. We appreciate your attention to detail.

GTCC
GUILFORD TECHNICAL COMMUNITY COLLEGE

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