

# Atlanta Metropolitan State College

## Office of Human Resources

### EMPLOYEE PERSONAL DATA FORM

ARE YOU CURRENTLY RETIRED? YES \_\_\_\_\_ NO \_\_\_\_\_  
 DATE YOU RETIRED \_\_\_\_\_

WHICH PLAN ARE YOU RECEIVING BENEFITS FROM?  
 ERS \_\_\_\_\_ TRS \_\_\_\_\_ OTHER \_\_\_\_\_

ARE YOU CURRENTLY PARTICIPATING IN THE TEACHERS  
 RETIREMENT SYSTEM PLAN? YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name:		Email:	
Date of Birth:		Reports to:	
<b>SECTION 1 (EMPLOYMENT INFORMATION)</b>			
Start Date:	End Date:	Department:	
Title:		Telephone Number:	
Building/Location:			
<b>SECTION II (PERSONAL INFORMATION)</b>			
Home Address:			
City:	State:	Zip Code:	
Home Telephone Number:		Cell Number:	
<b>SECTION III (EMERGENCY CONTACT INFORMATION)</b>			
Name:		Relationship:	
Address:			
City:	State:	Zip Code:	
Cell Telephone Number:		Work Telephone Number:	

Employee Signature \_\_\_\_\_

<b>FOR H.R. USE ONLY</b>	
<b>HRIS</b>	<b>PERSONNEL FILE</b>