



Employee Information Form

_____ House Corporation of Delta Gamma

Employee Name _____

Employee Permanent _____
Mailing Address: _____

(this is where your
W-2 will be mailed)

Phone Number: _____

Rate of Pay:

Employee Position/Title:

E-mail address: _____

Emergency Contact Information

Name/Relationship: _____

Phone Number: _____

7/1/15

***This form must be completed with the W4, I9, and direct deposit forms before
employee begins working