



## Agency Employee and Contractor Information Sheet

Dear Agency Employee or Contractor,

The following information is requested to add you into our databases. This form should be submitted to Human Resources as soon as possible. A copy must also be provided to Business Health with Health Status documentation.

Name:

Phone #:

Address:

Email Address:

Date of Birth:

Sex:

Race:

Social Security #:

St. E Department #:

St. E Department Name: Patient Experience

St E Supervisor: Mary Ann Beetem

St. E HR Contact: Peggy Essert, 301-6055

Location: Edgewood

Agency/Company Name:

Agency/Company Supervisor and phone #:

Also please provide a copy of this individual's job description. Please contact us at (859)301-2150 if you have any questions.

Thank you,  
Human Resources

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