

GRADY HEALTH SYSTEM
Georgia Poison Center
Telework Program Application

EMPLOYEE INFORMATION

Name: _____

Date: _____

Job Title: _____

Date of Employment: _____

Length of Employment: _____ years, _____ months

If Specialist in Poison Information (SPI), year certified: _____

CONTACT INFORMATION

Land-Line # (ACD): _____

Cellular: _____

Email address (personal): _

ISP Data

ISP Provider:

Data Plan name:

OTHER:

***Please provide a copy of
your latest bill**

Rev 8/2023