

# Western Oregon University

## Employee Information Form

|                            |
|----------------------------|
| <i>For Office Use Only</i> |
| V#                         |
| FTE:                       |

Note: Western Oregon University is required by the Social Security Administration to use the name that appears on your social security card for all payroll related purposes.

| Social Security Number   |               | Legal Name as Printed on Social Security Card |        |        |            |
|--|---------------|---|--------|--------|------------|
| -  | -             | Last  | First  | Middle |            |
| Permanent Address  |               |   |        |        | Home Phone |
| Street/PO Box  | City          | State   | County | Zip    | ( )        |
| Emergency Contact Information  |               |   |        |        |            |
| Name   | Street/PO Box | City  | State  | Zip    | Phone      |
| Employment Information   |               |   |        |        |            |
| Current Hire Date: _____ Department: _____ Position: _____   |               |   |        |        |            |
| Unclassified Professional [ ]    Unclassified Faculty [ ]    Classified [ ]    Temporary [ ]    Grad Assistant [ ] |               |   |        |        |            |
| Other Employment   |               |   |        |        |            |
| Have you ever been on Western Oregon University payroll?    [ ] Yes    [ ] No                                      |               |   |        |        |            |
| If yes, When? _____  |               |   |        |        |            |
| Are you Currently employed by another school in the Oregon University System?    [ ] Yes    [ ] No                 |               |   |        |        |            |
| If yes, What institution? _____ FTE? _____   |               |   |        |        |            |
| Retirement Plan Status   |               |   |        |        |            |
| Are you a PERS member? [ ] Yes [ ] No  |               |   |        |        |            |
| If yes, from what agency? _____ Tier? _____  |               |   |        |        |            |
| Are you a member of the Optional Retirement Program (ORP)? [ ] Yes [ ] No  |               |   |        |        |            |
| If yes, Where? _____ Investment Company? _____   |               |   |        |        |            |
| Signature  |               |   |        |        |            |
| _____  |               |   |        |        | _____      |
| Employee Signature   |               |   |        |        | Date       |

| <i>For Office Use Only:</i> |                                |                                  |              |
|-----------------------------|--------------------------------|----------------------------------|--------------|
| ___ PPAIDEN (all)           | ___ Employment Authorization   | ___ SIAINST (faculty & advisors) | ___ NEO      |
| ___ Verify SS#              | ___ Arrival Notice             | ___ Copy to Benefits             | ___ Furlough |
| ___ PEAREVW (staff)         | ___ PEAFACT (not temps or GTA) | ___ NBAJOBS (spreadsheet)        |              |