

# 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       |