



Employee Information Form

Please return this form to your hiring department by fax or U.S. Mail.

Section 1. To be completed by employee**Employee Name** (As listed on Social Security Card.)

Last _____

First _____

Middle _____

Preferred First Name _____

SSN _____ UO ID # _____
(if known)

Date of Birth _____

Gender: Male Female

Oregon Retirement Plans: I am/or was a member of

PERS ORP

Race/Ethnicity (completion of this section is optional)

1. Are you Hispanic or Latino? Yes No

2. Select one or more of the following races:

Asian

American Indian or Native Alaskan

Black or African American

Native Hawaiian or other Pacific Islander

White

3. Racial or ethnic subgroup: _____

Citizenship

U.S. Citizen

U.S. Resident Alien

Foreign National (Non-Resident Alien)

Country of Residence: _____

Mailing Address

Street _____

City _____ State _____

Zip _____ Nation _____

Home Phone _____

Employee Signature _____

Date: _____

Section 2. To be completed by department (After completion of Section 1 and 2, send to Payroll Office)

Employee Class _____ New Hire Rehire

Monthly Appt % _____ Start Date _____

If applicable:Employee is transferring from _____
OUS Institution / State Agency

Employee will be employed part-time at _____ (OUS institution)

Campus Address / Phone Numbers

Rm No. Bldg _____

Zip Plus 4 _____

Campus Phone _____

**Check box if Proximity card
required for bldg access?****Department Name and Check Delivery**

Department Name _____

Department Org _____

Earnings Statement Org _____
(if other than hiring dept)**Direct Deposit** (complete paper form or enroll via DuckWeb)

with Paperless Earnings Statement Option

Pick-up check at Payroll Office**Authorization**

Payroll Administrator's Name (Printed)

Payroll Administrator's Signature

Email Address _____

Phone Number _____

Date Signed _____