

Temporary Employee Information

Personal Information				(PPAIDEN)
Name/ First		Middle	Last	Name on current Social Security Card
SSN		Birth date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> White (1) <input type="checkbox"/> Asian/ Pacific Islander (4) <input type="checkbox"/> African American/Black (2) <input type="checkbox"/> American Indian/Native Alaska (5) <input type="checkbox"/> Hispanic (3) <input type="checkbox"/> Other (6):			Citizenship <input type="checkbox"/> U.S. Citizen (C) <input type="checkbox"/> Non-resident Alien (N) <input type="checkbox"/> Resident Alien (R) <input type="checkbox"/> Substantial Presence Test Alien (S) Citizenship Country if Other than USA:	
Street		City Resident of Multnomah County <input type="checkbox"/>		State
Home Phone ()		Work Phone ()		
Emergency Contact Information				
List information below regarding person whom you wish to be notified in event of an injury or illness.				
Name		Relationship to employee		Phone ()
Street		City		State
				Zip
Employment/Retirement Information				(PWAOEMP)
Name of hiring supervisor/Dept:				
Do you currently work for another Oregon University? If yes, which?				
Are you currently a member of Oregon PERS: <input type="checkbox"/> No; <input type="checkbox"/> Yes If yes, member # _____ <input type="checkbox"/> Tier 1 or <input type="checkbox"/> Tier 2				
Have you been employed by EOU or Oregon University System in the past: <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, for which University and under what name?				
Payroll Information				(PEAPAYR/PEAEMPL)
How do you wish your paycheck to be delivered: <input type="checkbox"/> Direct Deposit into checking or savings account (attach form, deposit slip or voided check) <input type="checkbox"/> Mail – Please note lost checks will not be replaced until 7 working days after payday. <input type="checkbox"/> Pick up check at payroll office on payday (last working day of the month) (Dist = G432000)				
<u>AUTHORIZATION</u>				
With a few exceptions, your home address and phone number are no longer considered public records. As a result, EOU will only release home addresses and phone numbers of employees who authorize release. If you wish to authorize release of your home address and phone number, please sign below. Unless we have a signed copy of this authorization, we will not release your home address and phone number.				
Signature		Date		RESTRICTED <input type="checkbox"/>

Temporary employees (For office use only)

Position Information

PEAEMPL

Employee class: **TS** Job begin date _____ Home Org: G- _____ Adj. Svc. Date _____
 Regulatory I-9 Date _____

NBAJOBS

Position number _____ FTE _____ Hourly pay rate _____ Pay Index _____ Account: 10410
 Job Location _____

GXADIRD

Bank Name _____ Bank # _____ Bank Acct. # _____
 checking or savings

PWAOEMP

Status: 06 Eligibility date: _____

Deductions	Setup	BDCA	Plan Code	Start Date	Office
PERS Pickup		R01	Tier _____		
PERS Match		R02	Tier _____		
Federal tax	√	TFE	M or S Exemptions _____ Addl. W/H \$ _____		
Medicare	√	TME			
SAIF	√	TSF			
Social Security	√	TSS			
State Tax	√	TST	M or S Exemptions _____ Addl. W/H \$ _____		
Mass Transit	√	TT1	N		
Emp. Rel. Bo	√	TER			
Unemployment Insurance	√	TUI			
Workers Comp	√	TWC	No plan		

✓ Means that the setup is required