



Faculty
Admin Faculty

Classified
Resource

Temporary
Student # Credits _____

Personal Information					(PPAIDEN)
Name from SS Card/ First		Middle	Last	Preferred Name	
SSN		Birth date		Gender: Male Female	Veteran Status: Disabled Vietnam Other:
Ethnicity: White (1) African American/Black (2) Hispanic (3)			Asian/ Pacific Islander (4) American Indian/Native Alaska (5) Other (6):		Citizenship: U.S. Citizen (C) Non-resident Alien (N) Resident Alien (R) Substantial Presence Test Alien (S) Citizenship Country if Other than USA:
Permanent Street/Mailing Address			City	State	Zip Phone
Local Street/Mailing Address			City	State	Zip
Office Location Building/Room #:		Campus Phone ()		E-mail Address:	
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 or have you ever been employed by EOU or Oregon University System? No Yes					
Are you currently a member of the Optional Retirement Plan (ORP)? No Yes					
Are you currently a member of Oregon PERS; No Yes If yes, member # _____ Tier 1 Tier 2 OPSRP					
Education- Enter your highest degree (Classified, Admin Faculty, Faculty and Resource only)					
Level of Degree Associate BA BS Master Doctorate					
Institution, City, St			Name on Diploma		Graduation Date
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 (always the last working day of the month) (G432000)					
AUTHORIZATION					
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 0