



Unclassified Resource Employee Information

Personal Information				(PPAIDEN)
Name/ First		Middle Initial	Last	Name on current Social Security Card
SSN	Birth date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	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:	
Ethnicity: <input type="checkbox"/> White (1) <input type="checkbox"/> Hispanic (3) <input type="checkbox"/> American Indian/Native Alaska (5) <input type="checkbox"/> African American/Black (2) <input type="checkbox"/> Asian/ Pacific Islander (4) <input type="checkbox"/> Other (6):				
Street		City		State
		Resident of Multnomah County <input type="checkbox"/>		Zip
Home Phone ()		Work Phone ()		Veteran Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam <input type="checkbox"/> Other:
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 or department.:				
If working off EOU's La Grande campus, please list location:				
Do you currently work for another Oregon University? <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes which:				
Are you currently a member of an ORP (Optional Retirement Plan)? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Are you currently a member of Oregon PERS: <input type="checkbox"/> No; <input type="checkbox"/> Yes If yes, PERS employer _____ 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				(PEAEMPL/PEAPAYR)
How do you wish your paycheck to be delivered:				
<input type="checkbox"/> Direct Deposit into checking or savings account (attach authorization form and a 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 EOU payroll office on payday (last working day of the month)				
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 <input type="checkbox"/>

Resource / Adjunct Faculty (For office use only)

Position Information

PEAEMPL

Employee class: UV or UW Job begin date _____ Major Org: G- _____
 I-9 Date _____ Div _____

NBAJOBS

Position number _____ Pay Index _____ Actv _____ Account: 10209
 Appt % _____ Hourly/monthly pay rate \$ _____ Job Location _____

GXADIRD

Bank Name _____ Bank # _____
 Bank Acct. # _____ Checking Savings

PWAOEMP

PERS status _____ PERS eligibility date _____

Deductions – (PDABDSU)	Setup	BDCA	Plan Code	Start Date	Office
*PERS Pickup		R01	1 or 2		
*PERS Match		R02	1 or 2		
Federal tax	√	TFE	M or S Exemptions _____ Addl. W/H \$ _____		
Medicare	√	TME	No plan		
SAIF	√	TSF	No plan		
Social Security	√	TSS	No plan		
State Tax	√	TST	M or S Exemptions _____ Addl. W/H \$ _____		
Mass Transit	√	TT1	N		
Unemployment Insurance.	√	TUI	No plan		
Workers Comp	√	TWC	No plan		

*Set up only if they are already active PERS members working for another employer under PERS or if they are at least .4 FTE.