



Employee Information Form

Section 1: Employee Information				
Legal Name as Printed on Social Security Card: (Last, First, Middle)			Social Security Number - -	
Preferred First Name (if different)	Primary Phone Number: ()		Personal Email (Optional)	
HR/Payroll Address: Street/PO Box	City	State	Zip	County
Preferred WOU Faculty/Staff Email Address Name (see formatting below) Example: doe@wou.edu for Jane Doe _____@wou.edu Last Name First Letter of First Name				
Section 2: Emergency Contact Information				
Name	Relationship		Phone Number ()	
Section 3: Employment Information/Job Location				
Start Date	Department		Position	
Location Job Duties will be Performed: <input type="checkbox"/> Monmouth, Oregon <input type="checkbox"/> Other: _____				
Type of Appointment: <input type="checkbox"/> Unclassified Professional <input type="checkbox"/> Classified Staff <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Unclassified Faculty <input type="checkbox"/> Temporary Employee				
Section 4: Other Employment				
Have you ever been on Western Oregon University payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____				
Are you currently employed by another Oregon Public University? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what institution? _____ FTE? _____				
Section 5: Retirement Plan Status				
Are you an Oregon PERS member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what agency? _____ Tier? _____				
Are you a member of the Oregon Public Universities Retirement Plan (ORP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Investment company? TIAA or Fidelity				
Section 6: Signature				
_____ Employee Signature Date				