UNIVERSITY OF OREGON Business Affairs Office

Clear Form

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 _____