



EASTERN OREGON UNIVERSITY

Date of Hire: _____

- Faculty Classified Temporary/Hourly Resource
 Admin Professional Adjunct Student# Credits _____

Personal Information (PPAIDEN)

Name from SS Card/ First		Middle	Last	Preferred Name	
SSN		Birth date		Gender:	Veteran Status:
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam <input type="checkbox"/> Other:
Ethnicity:			Citizenship:		
<input type="checkbox"/> White (1)	<input type="checkbox"/> Asian/ Pacific Islander (4)		<input type="checkbox"/> U.S. Citizen (C)	<input type="checkbox"/> Non-resident Alien (N)	
<input type="checkbox"/> African American/Black (2)	<input type="checkbox"/> American Indian/Native Alaska (5)		<input type="checkbox"/> Resident Alien (R)	<input type="checkbox"/> Substantial Presence Test Alien (S)	
<input type="checkbox"/> Hispanic (3)	<input type="checkbox"/> Other (6):		<input type="checkbox"/> Citizenship Country if Other than USA:		
Permanent Street/Mailing Address			City	State	Zip Phone
Local Street/Mailing Address			City	State	Zip

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 Information

Retirement Information

Do you currently or have you ever been employed by the State of Oregon? No Yes Who?

Payroll Information

How do you wish your paycheck to be delivered:

Direct Deposit into checking or savings account (**attach voided check**)
 Mail – Please note lost checks will not be replaced until 7 working days after payday.
 Pick up check at student accounts office on payday (always the last working day of the month)

Signature _____ Date _____

Office use only:

<input type="radio"/> 910# _____	<input type="radio"/> PEAFAC	<input type="radio"/> PEAEMPL
<input type="radio"/> CA	<input type="radio"/> PPAGENL	<input type="radio"/> NBAJOBS/WTE
<input type="radio"/> CA Phone	<input type="radio"/> PDADEN	<input type="radio"/> PDABDSU
<input type="radio"/> Background Check	<input type="radio"/> Payroll Copy	<input type="radio"/> GXADIRD
<input type="radio"/> Benefit Orientation Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/> Benefits Copy	<input type="radio"/> PWAOEMP