



### Employee Information Form

This form should **not** be used for MyTrack hires.  
Please return this form to your hiring department by fax or U.S. Mail.

<b>Section 1. To be completed by employee</b>	
<b>Employee Name (As listed on Social Security Card)</b>	
Last Name _____	SSN _____
First Name _____	UO ID _____
Middle _____	Date of Birth _____
Preferred First Name _____	Legal Sex      Male      Female
<b>Mailing Address</b>	
Street _____ Apt. _____	Zip _____ Nation _____
City _____ State _____	Home Phone _____
<b>Section 2. To be completed by employee – Optional Questions</b>	
<b>Race/Ethnicity</b>	
1. Are you Hispanic or Latino?      Yes      No	3. Racial or ethnic subgroup: _____
2. Select one or more of the following races:	
Asian	
American Indian or Native American	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
<b>Gender Identity/Sexual Orientation</b>	
Although the categories listed below may not represent your full identity or use the language you prefer, for purposes of these hiring documents, please indicate which choices below most accurately describes your gender/gender identity and sexual orientation. For information on why we are requesting this information, please see: <a href="https://hr.uoregon.edu/hr-operations/records-data-management/legal-sex-gender-and-sexual-orientation-data-collection">https://hr.uoregon.edu/hr-operations/records-data-management/legal-sex-gender-and-sexual-orientation-data-collection</a> .	
<u>Gender Identity</u>	<u>Sexual Orientation</u>
Agender	Asexual
Genderqueer	Bisexual
Man	Gay
Non-binary, including gender fluid, gender nonconforming, etc...	Heterosexual/Straight
Woman	Lesbian
Trans, man	Pansexual
Trans, woman	Queer
Transgender	Questioning/Unsure
Questioning or unsure	Same-Gender Loving
Identity or identities not listed ( _____ ) please specify	Identity not listed ( _____ ) please specify
Prefer not to answer	Prefer not to answer

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



Employee Name \_\_\_\_\_ SSN/VO ID \_\_\_\_\_

Section 3 – To be completed by department	
Employee Class _____	New Hire      Rehire
Monthly Appt % _____	Start Date _____
Department Name _____	Department Org _____
<b>If applicable:</b>	
Employee is transferring from _____ (OUS Institution/State Agency)	Is the employee a member of: PERS                  ORP
Employee will be employed part-time at _____ (OUS Institution)	Is employee currently employed by another Oregon PERS employer? Yes                  No
<u>Campus Address</u>	
Room No. Bldg _____	
Zip Plus 4 _____	
Campus Phone _____	
Authorization	
_____	Date _____
Payroll Administrator's Signature	
_____	Email Address _____
Payroll Administrator's Name (Printed)	
Phone Number _____	

**After completion, send to Payroll Office.**  
**Thompson University Center, 720 E 13<sup>th</sup> Ave.**