



145 SE Salmon Avenue
Redmond OR 97756
(541) 923-5437

NEW EMPLOYEE FORM -- PAYROLL

Current Date _____

Full Legal Name _____
First M.I. Last

Date of Birth _____

Home Address _____

Primary Phone _____

Additional Phone _____

Mailing Address (if different from above) _____

Gender: F _____ M _____ X _____

Soc Sec # _____

Are you or have you been a member of the Oregon Public Employees Retirement System? _____

- If so, were your funds withdrawn? _____
- If your funds were **NOT** withdrawn, were you an active member of PERS on 12/31/2003? _____
- Who was your current or most recent PERS employer? _____
- Approximate dates of employment? _____
- Are you currently subbing for High Desert ESD? _____
- Are you currently a PERS retiree? _____

EMERGENCY CONTACT (name, phone number, relationship):

FOR HUMAN RESOURCES USE ONLY:

Start Date: _____

Position: _____

Building: _____

FTE (Hrs): _____

Work Year: _____

Employee Group:

Administrator _____ Classified _____ Confidential _____

Licensed _____ Supervisor/Mgr _____ Coach/Sub/Supp Only _____