



Off Campus Work-Study Employment Form

Purpose: New Hire Rehire Add Job Change Terminate

Overview

Are you working in another Dept on campus? No Yes (where?) _____
Program: UO Grad UO Undergrad Enrolled elsewhere (where?) _____

Credit Hours: Previous Term _____ Current Term _____ Minor (<18), Proof of Age: Birth C Driv L Passport

Identification UO ID _____

Name: (Exactly As it appears on your SSN card, attach copy of SSN Card to this form)

Last First Middle Preferred First

Biographic

Date of Birth _____ Gender: Male Female
Citizenship: US Citizen Resident Alien Non-resident Alien (attach CO-NRA) Country: _____
Ethnic Code: American Indian or Alaska Native Asian Black or African American Hispanic or Latino
Native Hawaiian or Other Pacific Islander White Decline

If you are a person with a disability or a Special Disabled Veteran, contact the Affirmative Action Office

Mailing Address Effective Date (if changing) _____

Street _____
City _____ State _____ Zip _____ County _____ Nation _____
Email Address _____ Home Phone _____

Check Delivery

Pick up check at Payroll Start New Direct Deposit (attach DDA form) Continue the DD currently on file
Pick up at Dept, (only if dept provides this service) Dept Name _____

Student Signature _____ Date _____

To be completed by Off-Campus Employer

Name of Organization _____ Contract Number _____
Hourly Rate \$ _____ Effective Date (of rate change) _____
Job Begin Date _____ Job Location Eugene Other City _____
Job End Date _____ Email Address _____
Employer Name (printed) _____ Date _____
Employer Signature _____ Phone _____

To be completed by University of Oregon Payroll Office

Job Information

Position _____ Suffix _____ Time Entry Org _____

Labor Distribution (Monthly pay is distributed to each index using these percentages)

	Index	Fund	Org	Account	Pgm	Activity	Monthly \$	%
1								
2								

Remarks