



Southwestern Oregon Community College

PAYROLL INFORMATION

Please print legibly.

Social Security Number

Position / Job

Date employment began

Birthdate

Name as shown on Social Security Card

(_____)_____
Telephone Number

PERS INFORMATION:

Are you now or have you ever been employed by an Oregon Public Employer? ___ Yes ___ No

Have you ever been a member of Oregon Public Employee's Retirement System? ___ Yes ___ No

Name of last Public Employer

City and State of Employment

If you are now or have ever been a member of Oregon Public Employee's Retirement System, you must indicate that membership. If you become a member of PERS through another employer while working at Southwestern Oregon Community College, you must notify the Human Resources Office within ten business days. If you fail to provide notification in a timely manner, you will be billed for contributions not withheld because we were not notified.

Employee's Signature

Date

Southwestern Oregon Community College is an equal opportunity educator and employer.

FOR OFFICE USE ONLY

MASSC ___ FT Fac ___ PT Fac ___ FTClass ___ FT20Class ___ FT10Class ___ Std ___ Model ___ Temp ___

Notes: