

CENTRAL OREGON COMMUNITY COLLEGE

EMPLOYEE PAYROLL INFORMATION

New employees must complete this form within three (3) days of employment, along with a W-4 form and an I-9 Form (with proper I.D.)

Date: _____ Social Security Number: _____

NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street/PO Box) (City) (State) (Zip)

COCC ID Number _____ EMAIL ADDRESS _____

HOME PHONE NUMBER _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

MARITAL STATUS: Married _____ Single _____

OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS) MEMBER: Yes _____ No _____

EMPLOYEE TYPE: Full-Time _____ Part-Time _____ *Student _____ *Work Study _____
*If student, please indicate the number of credit hours in which you are presently enrolled: _____

DATE OF HIRE: _____

JOB TITLE: _____ DEPARTMENT: _____

DATE OF BIRTH: _____ GENDER: Male _____ Female _____

ETHNIC ORIGIN: Do you consider yourself to be Hispanic/Latino? Yes _____ No _____
Black or African American (1) _____ American Indian/Alaskan Native (2) _____
White (5) _____ Asian (7) _____
Native Hawaiian or Other Pacific Islander (8) _____

CITIZENSHIP: US Citizen/Resident (1): _____ US Citizen **NON**-Resident (2): _____
Resident Alien (3): _____ (Name and Country): _____
NON-Resident Alien (4): _____ (Name and Country): _____

VETERAN: Yes _____ No _____

TOBACCO QUESTION (As required by Moda Health Plan): How would you describe your tobacco habits? Currently Use _____ Have not used in the last 12 months _____ Never Used _____

Mail Check: _____ Pick Up Check in BEC: _____

EMPLOYEE SIGNATURE: _____

Automatic Payroll Deposit: Yes _____ No _____ (If yes, attach a voided check here.)
PLEASE NOTE: Your first payroll check will not be automatically deposited due to bank set-up/processing.