

TEMPORARY APPOINTMENT INFORMATION SHEET

EMPLOYEE NAME _____ SS# _____
EMP OR# _____

MAILING ADDRESS _____

PHONE _____ DATE OF BIRTH _____

PERS/OPSRP MEMBER YES NO STATUS: _____

DATE OF APPOINTMENT _____ POS NO. _____

CLASS TITLE _____ CLASS NO. _____

WORK LOCATION: _____ WORK PHONE _____

PDC # _____ RDC # _____ SALARY: \$ _____ STEP _____ RANGE _____

IF BACKFILLING, BUDGETED POSITION NUMBER _____

NO PERSON IS AUTHORIZED TO WORK WITHOUT PRIOR APPROVAL BY AGP.

The following documents must be reviewed/completed with the employee.

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| 1. Employee Orientation Checklist | * 8. Electronic Deposit Form |
| * 2. INS I-9 Form | 9. "Use of State Electronic Equipment" Policy |
| * 3. W-4 Form | 10. PD412 Conditions of Temporary Appointment |
| * 4. Employee Emergency Information Record | * 11. Employee's original position Description with organizational chart and signatures |
| ** 5. IAP Beneficiary Form | 12. Timesheet and Payroll handbook |
| * 6. EEO Self Report Form | * 13. CAC Release of Information Form (if applicable) |
| * 7. Acknowledgement of the "Use of State Electronic Equipment" Policy | 14. Employee Handbook |

ALL completed forms must be forwarded to AGP within 3 days from date of hire.

** Can be completed online at <http://pebb.das.state.or.us/> or submitted to AGC within 60 days from date of hire.

Supervisor and employee's signature certifies completion and discussion of above mentioned forms as well as agreement of compliance of the reviewed policies.

Supervisor Signature Date Employee Signature Date

For Authorized Personnel Only:

PCA: _____	GF: _____ %		
PCA: _____	FF: _____ %		
PCA: _____	OF: _____ %	AGC Verification	Date