

## DEPARTMENT OF ADMINISTRATIVE SERVICES Board Member Questionnaire

Member's Name:
Name of Board:
Employee ID number (if applicable):
Home Address with City, State, Zip:
Phone Number w/ Area Code:
Are you currently employed: Yes No If yes, current status: Full Time Part Time
Name of Employer:
If yes, does your current employer provide PERS benefits for you:  Yes  No
(If yes, then you may not be eligible for per diem, only for reimbursement of expenses, per ORS 292.495)
*If your employment status changes, it is your responsibility to notify the agency as soon as possible. A new questionnaire will need to be filled out with each work status change. A delay in notification could affect your year-end tax statement.
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