

OREGON EMPLOYMENT DEPARTMENT
PO BOX 14135 * Salem, Oregon 97309-5068
(503) 292-2057, (541) 388-6207 or (877) 345-3484
Fax (866) 345-1878

Name and Address:

Date: _____
Cust ID: _____
BYE: _____

Enclosed you will find one or more School Employee Questionnaires. This questionnaire is used to determine the use of the wages in your base year that was earned from an educational institution(s) (as required by ORS 657.167 and/or ORS 657.221).

You will need to complete a separate questionnaire for each school/educational institution for which you have worked in any capacity (for example: teacher, custodian, bus driver, administrator, part-time, full-time or substitute) since (beginning of academic year or term).

If you do not respond, a decision will be issued based on the information available. Continue to file claims for each week you remain unemployed to protect your benefit year.

Please complete the enclosed School Employee Questionnaire. Return the enclosed form(s) within ten (10) days of the date shown above. Fax the completed form to (866)345-1878 or mail the form directly to:

Oregon Employment Department
PO Box 14135 * Salem, Oregon 97309 5068

Authorized Representative

SCHOOL EMPLOYEE QUESTIONNAIRE

Name:

CID:

BYE:

Educational Institution/School:

1. What was your job title? _____
What was the last date you worked for this employer in any position? _____
Was this work: Full Time Part time Hours scheduled per week: _____
Was it: Permanent Temporary Seasonal Substitute

2. Will you be returning to work for this employer following the break? Yes No
If yes, what is the date that you expect to return? _____
Will you be returning to the same or similar position? Yes No
Will you have the same rate of pay? Yes No
If no, please explain why you will not be returning: _____

3. Are there any conditions on this offer of work? Yes No
If yes, are they based on: Enrollment Funding Class Space Other: _____

4. Do you have a contract? Yes No
If yes, return a copy.
If no, do you have an agreement? Yes No
If yes, is the agreement: Written Verbal Other: _____

5. Do you have an offer of employment with any other educational employer? Yes No
If yes, provide employer name and expected start date: _____
Is it: Full Time Part time Hours scheduled per week: _____
Is it: Permanent Temporary Seasonal Substitute

6. What were your gross earnings the week before your school break started?
We consider the first day of the break period to be the last day of school at the educational institution. \$ _____

7. Your highest weekly gross earnings in the most recent term or year? \$ _____

8. Educational Service District Only:
Did you work more than 50% of your time in the ESD Office? Yes No
If no, which schools or districts did you work in? _____

SIGNATURE _____ DATE _____

Return this form within ten (10) days. If you don't respond, a decision will be made based upon the information available. Notify the Employment Department immediately if you are offered work.