



Classification (please circle): Temporary Temp Faculty Faculty Classified Exempt Post-Doc

START DATE: _____ Background Check Completed

Department: _____

Supervisor: _____

Last Name _____ First Name _____ Middle Int. _____

Previous Names Used _____ Marital Status _____ Gender _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth _____

Social Security Number _____ Country of Citizenship _____

CURRENT / FORMER PERSI MEMBERS:

ALL POSITIONS:
Are you currently receiving PERSI retirement income? Yes No

FACULTY/EXEMPT/POST-DOC POSITIONS ONLY:
Are you vested in PERSI? (Vesting occurs after 5 years) Yes No

If Yes, would you like to continue your contributions to PERSI and waive enrollment in the ORP retirement plan? Yes No

If No, you will be enrolled in the ORP retirement plan and will need to contact PERSI to discuss options for your previous contributions (if applicable).

Please Note: Your campus mailing address and office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory, please contact Human Resources or your supervisor. You will need to request to be excluded again if you change positions at the university at any time.

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary email account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in MyUI.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through the MyUI portal.

Signature _____ Date _____