

# Oregon New Hire Reporting Form

Send completed form to:  
 Department of Justice  
 Employer New Hire Reporting Program  
 1495 Edgewater St NW #120  
 Salem OR 97304

Telephone: (503) 378-2868  
 Fax: (503) 378-2863  
 Toll Free Fax: (877) 877-7415  
 (877) 877-7416

**Reports must be submitted no later than 20 days after the date the employer hires or rehires an employee.**

## Employer Information

**Employers may make copies of this form**

Employer Federal Identification Number (FEIN)	State Identification Number	Submission Date
Employer Name	Contact Phone Number *	
Employer Street/Mailing Address	Contact Name *	
Employer City	State	Zip Code
Contact Title *		

(By reporting health insurance availability information below, your Company may avoid receiving unnecessary forms)

\* Is dependent or family health care coverage available? Yes [ ] No [ ]  
 If yes, is there a waiting period for eligibility? Yes [ ] No [ ] If yes, how long? \_\_\_\_\_

\* Should the Child Support Program mail income withholding orders to the above address?  
 Yes [ ] No [ ]

If no, please provide payroll office address and contact person information below.

Payroll Office Mailing Address	Contact Name
City	State
Zip Code	Contact Phone Number

## Employee Information

Employee First Name	M.I.	Last Name	Social Security Number
Employee Address	Date of Birth *		
Employee City	State	Zip Code	Date of Hire *

Employee First Name	M.I.	Last Name	Social Security Number
Employee Address	Date of Birth *		
Employee City	State	Zip Code	Date of Hire *

\* Providing this optional data enhances our ability to perform services more efficiently

## New Hire Reporting - continued

Employer Federal Identification Number (FEIN)	State Identification Number	Submission Date
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Employee First Name	M.I.	Last Name	Social Security Number
Employee Address			Date of Birth *
Employee City	State	Zip Code	Date of Hire *

Employee First Name	M.I.	Last Name	Social Security Number
Employee Address			Date of Birth *
Employee City	State	Zip Code	Date of Hire *

Employee First Name	M.I.	Last Name	Social Security Number
Employee Address			Date of Birth *
Employee City	State	Zip Code	Date of Hire *

Employee First Name	M.I.	Last Name	Social Security Number
Employee Address			Date of Birth *
Employee City	State	Zip Code	Date of Hire *

Employee First Name	M.I.	Last Name	Social Security Number
Employee Address			Date of Birth *
Employee City	State	Zip Code	Date of Hire *

**\* Providing this optional data enhances our ability to perform services more efficiently**