

Patient Protection and Affordable Care Act New Hire Form

This form must be completed for all ODOC new hires (permanent and temporary) within first week of hire.

The purpose of this form is to determine insurance eligibility under the Affordable Care Act (ACA) (if applicable).
Please refer to DAS Policy 50.070.01, Patient Protection and Affordable Care Act, for more information.

Section 1: To be filled out by Supervisor

Employee Name: _____ Date of Hire _____

Institution/Site: _____ Security Health Services Food Services Physical Plant Other

Position: _____ Expected # of hours of work per week: _____

Permanent/Limited Duration: Temporary: Temporary Retiree:

If this box is checked, please have employee contact HR immediately regarding their insurance benefits. 503-378-4437(Westside) or 541-325-5687(Eastside)

If temporary appointment, was employee hired to:

Fill an extra workload need: Fill a regular position vacancy:

Supervisor's name: _____ Phone number: _____

Section 2: To be filled out by New Employee

Please disclose all previous State of Oregon or applicable agency (i.e. Lottery, OCE, etc.) employment for the past two years. Include all work as either a permanent or agency temporary employee.

No State employment in last 2 years

Lottery

Last day of employment: _____

Oregon Corrections Enterprises

Last day of employment: _____

State Agency

Agency: _____ Last day of employment: _____

Agency: _____ Last day of employment: _____

Agency: _____ Last day of employment: _____

Employee Address: _____
(For appropriate mailings)

Employee Phone Number _____

Employee Signature _____ Date: _____