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Phone Call Log

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Supported Version: Ms Word 2013 & PSD

8.27x11.69" With 5mm Bleed | Print Ready | CMYK - 300DPI | Easy To Customise Text & Color



OREGON STATEWIDE  
PAYROLL SERVICES  
(OSPS)  
(503) 278-3518 fax  
E-mail:  
OSPS.cso@oregon.gov

Online Resource Center:  
http://www.oregon.gov/OSPS

INSTRUCTIONS TO  
EMPLOYEES:  
Complete this form online  
at: <http://www.oregon.gov/OSPS>

- Print form and attach documentation.
- Obtain supervisor or manager signature.
- Submit form to your agency payroll office.

INSTRUCTIONS TO  
PAYROLL OFFICES:  
1. Complete Agency Payroll Authorization Request.- Sign and date when received.
- File form in OSPS.

For Agency Use

Requested:  
☐ Don't pay until with information.  
☐ Don't pay until the form is complete.

OSPS Use Only  
Revised Date Stamp

**EMERGENCY PAY ADVANCE REQUEST**

Pay advances are for EMERGENCIES ONLY. Requests must comply with Oregon Accounting Manual Policy [53.25.00.02](#) and administrative rules or collective bargaining agreements.

**About the Employee:** (Completed by Employee)

Employee ID Number: (Please do not use your Social Security number here.)  
OR \_\_\_\_\_ (Don't know this? Find it on your paystub, or ask payroll to help.)

Name: Last, First, MI \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Representation Status  
☐ Represented by \_\_\_\_\_ ☐ Unrepresented: Evict Service  
☐ Unrepresented: Mgmt Service \_\_\_\_\_ ☐ Unrepresented: Other \_\_\_\_\_

**About the Request:** (Completed by Employee)

Contact your agency payroll unit for documentation requirements.

Choose a reason from the list below. Enter the code in the "Reason Code" box below.

DEC = Death in family necessitating unforeseen expenditures or travel  
CAR = Major car repair such as engine, transmission, or catastrophic failure  
TRF = Theft of cash representing major portion of most recent pay  
ACC = Automobile accident leading to loss of vehicle use  
SCK = Accident or sickness (self or family) requiring immediate substantial cash  
HOM = Construction or major damage to home requiring immediate substantial cash  
NEW = New employee lack of funds  
MOV = Unforeseen moving expenses due to transfer or promotion. This does not include personal moving situations such as purchasing a home or renting a different residence.  
OTH = Other (explain) \_\_\_\_\_

Reason Code (see above) \_\_\_\_\_ Request Amount: ☐ \$ \_\_\_\_\_ ☐ Max (50% of gross)  
Eligible hrs (workweek less time including holiday) but not paid \_\_\_\_\_

If approved, I will collect this emergency pay advance check by:  
☐ Pick up at Payroll Office ☐ Shuttle / Mail to Worksite ☐ Mail to Home Address on file

I authorize my agency payroll office to debit the amount I request above, or a lesser amount as calculated by the payroll office for available funds, from my next paycheck.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor/Manager Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll Office Available Pay Calculation:

hrs Worked	×	Avail hrs	×	Mc Salary	×	Gross	×	66%	=	Wage Attachment	×	Available
hrs Worked (hourly rate)	×	Hourly Rate										

Agency Payroll Authorization Request to OSPS:

Please produce an off-cycle manual check for the following individual and amount:

Employee ID#	Agency No.	Pay Period End	Check Date	Check Amt.
OR _____				
OSPS Authorized Signature for Pay Advances		Date	Prepared by (if allowed)	

Nursing Home Complaint Form	
Section 1. Person Filling Out the Complaint Form	
If you wish to remain completely anonymous do not complete this Section. You may choose to remain completely anonymous; however, the State Survey Agency will not be able to contact you to obtain additional information or reach you to notify you of the results of the investigation.	
Name (first and last):	
Address:	
City:	State: Zip Code:
E-mail address:	
Primary Telephone: ( )	Secondary Telephone: ( )
Best time(s) to contact you (please check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Date you filed the complaint: __/__/__	
Section 2. Nursing Home Information	
Facility Name:	
Address:	
City:	State: Zip Code:
Telephone Number: ( )	
Section 3. Resident Information	
Resident Name (first and last):	Date of Birth: __/__/__
Your Relationship to the Resident:	
<input type="checkbox"/> Resident (self) <input type="checkbox"/> Friend <input type="checkbox"/> Ombudsman <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Legal representative/guardian/power of attorney <input type="checkbox"/> Other, please explain: _____	<input type="checkbox"/> Family Member (Spouse/Child/Parent) <input type="checkbox"/> Present or former nursing home employee <input type="checkbox"/> Quality Improvement Organization <input type="checkbox"/> Media <input type="checkbox"/> Anonymous
Is the Resident still in the nursing home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do not know	
Section 4. Complaint Information	
Please provide as much information as possible including the date, time, how often the concern has occurred, and the location where the concern occurred. Feel free to use examples. Please list the people involved or any witnesses at the bottom of this section. You may attach additional pages and reports to this form as needed.	



INTERVIEW EVALUATION FORM

POSITION TITLE: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

CONCLUSION:

A. The candidate's strengths for this position include: \_\_\_\_\_

\_\_\_\_\_

B. The candidate's limitation for this position include: \_\_\_\_\_

\_\_\_\_\_

C. I have reservations; I might consider this candidate further if I had more information on the following: \_\_\_\_\_

\_\_\_\_\_

D. I believe the likelihood of this candidate succeeding as \_\_\_\_\_ is as follows (please check only one):

☐ Excellent

☐ Good

☐ Possible

☐ Unlikely

DESCRIPTIVE STATEMENT (Check all that apply):

☐ I could work with this individual

☐ I would be proud to have Creighton represented by this person

☐ I would expect this person would be respected by and work effectively with:  
☐ Hiring Managers/Supervisors/Executives

☐ Peers inside and outside of organization

Interviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

Knowledge, Skills & Abilities (check the one that applies best, 1=Inconclusive, 5=Outstanding)

Experience & Background

Attention to Detail

Reliability/Dependability

Coordination

Customer Service

Planning

Computer Skills

Other Characteristics (check the one that applies best):

Mission Driven

Respect for Integrity of Others

Character & Integrity

Diplomacy

Results

New employee application form template. Employee loan application form template. Employee leave application form template. Employee application form template word. Free employee application form template.

A job application allows a person to enter their personal data to apply for the job. After completing, it will provide the employer with a snapshot of the Applicant’s availability, education and past work experience. The applicant may authorize a statement certifying that the information provided is true and accurate. Background check consent: “ Use if the employer would like to conduct a background check to verify if the applicant has a criminal past (not legal in some jurisdictions). Download in Adobe PDF, Microsoft Word (.docx) or Open Document Text (.odt). Part I. Personal Information (1) Name of the applicant. The job seeker, who will submit this application, must identify himself at the beginning of this process. Your name is expected in the standard presentation of “First”, “Middle”, “and “ – “Last” where requested. (2) current date. (3) Direction. The residential address of the job seeker should be distributed to the next area. Two lines are provided for this purpose. It is advisable to use a P.O. box address unless absolutely necessary. Most, if not all employers will need the home address of each potential employee to allow a background check. (4) E-mail address. The job seeker should be able to provide a valid email address that is actively monitored. (5) Telephone number. Many potential employers will contact the applicant by phone for important issues, questions or decisions. The job seeker’s cell phone and/or home phone number (s) should be displayed with your other contact information. (6) Social Security Number: A generally accepted and extremely reliable means of verifying one’s identity is your Social Security number. For what a specific area has been reserved for displaying the social security number of the job seeker. (7) Date available. The calendar date when the job seeker should be informed first may work physically. (8) Payment desired. The payout rate that is is by the employment applicant can be defined as an amount in dollars paid for the hour or an established annual salary, the production of this information must be made as an amount in dollars followed by the check box via or the check box of the “(9) desired employment. (10) The state of employment was requested, should indicate whether the job applicant seeks time, time, or temporary employment.” if the job applicant is flexible, then you can select any combination of these check boxes whenever it matches the job applicant’s intention. part ii - eligibility for employment (11) legal eligibility for work, the ability to work legally in the United States must be one of the qualities of the job applicant. If so, the box “I” must be marked or selected. Otherwise, if the applicant of the job cannot work legally in the United States (i.e., he or she may require sponsorship.) the box should be selected. (12) previous story with the employer, the table should be selected if the job applicant has worked for the employer who accepts this request. If not, then the “No” should be marked. take into account that if the employment applicant has worked for this employer before that date of production of the first date of the calendar and the last calendar date of his employment period with this employer must be included in this section. (13) Criminal status. the criminal history of the applicant for employment must be established. if he or she has never been convicted of a crime (of the felony,) then the “O” should be chosen. if not, then the “SI” box “must be marked or selected and a discussion of the nature of the sentence on the circumstances that will lead to the conviction, as well as its result, must be documented. part iii - education (14) highA brief history of the academic history of the job applicant is required for this application. Therefore, the name of the secondary school that serves must be supplied together with the city and where it’s located. (15) Dates assisted. The first and last calendar dates when the job applicant is needed to attend high school called. (16) Status of completion. The box “Yes” should be checked if the job seeker graduated from high school and the grade he gained should be dispensed with. If the job seeker did not graduate from high school, then the “ – “A” should not be checked. (17) College. If the job seeker attended college, the full name of this college or college should be on display along with the city and state where it can be found. (18) Dates assisted. Both the first date of the term, the job seeker attended college and you will need the final date of your attendance in this section. (19) Grade status. If the job seeker is a university graduate, then the box marked “ – “ must be selected and the degree to be selected. Otherwise, if he or she did not win a grade, then the “No” box should be checked. (20) Other educational facilities or courses. A record of any other type of education achieved by the job applicant should be included. For example, if the job seeker attended a business school, the name of the school along with the city, state, dates attended, and the degree or certification obtained by the job seeker must be submitted for review. (21) Start date and end date of attendance. (22) Licensed or issued certificate. The certificate that the applicant earned work on the installation of other Education or the assisted course is required to complete this area. PART IV: Previous employment (21) Employer 1. Most employers will want to review the employment history of the job seeker. Therefore, the name of the last company or person that the job seeker worked should be (22) Contact information. The email address, telephone number and address where the job seeker’s last employer can be contacted is required. (23) Initial payment. The down payment is the payment fee. payment. The last employer of Job Applicant paid him when he began to work. Furn up this amount of dollars then indicate if it is a time rate or an annual salary by checking the appropriate check box. (24) Final payment. The remuneration rate applied to the work of the employment applicant by his employer at the end of his employment must be exposed, as an indication of whether it is a remuneration rate per hour or a salary. (25) Title of work. The name of the position that the employment applicant maintains with his previous employer must be produced for review. (26) Responsibilities. The job duties or obligations of the employment applicant must be documented. (27) Employment mandate. The first and last dates of employment applicant with their last employer must be provided to this section to conclude the requested report. (28) Razon to leave. The basis for the employment applicant and this employer are separated must be dispensed. (29) Employer 2 Name and contact information. In addition to the last employer for which the employment applicant worked, the second to the last employer must be presented. This process begins with the name and contact information of the second to last employer. (30) Beginning and finishing the pay. The payment rate obtained for the first time by the employment applicant with the second last employer must be registered numically and one of the check boxes ( “Hourly” or “Salary”) must be selected To define with which frequency, the employment applicant was paid this number of dollars. (31) Title of work and responsibilities. The formal title of the position of the employment applicant with his second to last employer, as well as the obligations or responsibilities that the employment applicant was responsible for being produced. (32) Employment mandate. The dates in which the employment applicant worked for his second full employer Define yourself as the first calendar date that worked and the last date of work. (33) Razon to leave. The job applicant must discuss why he left the maintained with the Second Employer or why his employment contract ended with this Entity. (34) Employer 3 Contact Name and Information. A final discussion is expected on the second to last employer of the job applicant. A name registration, email address, business phone number and Employer 3 street address must be documented when requested. (35) Starting and finishing the pay. The amount earned by the applicant for employment with Employer 3 when contracted must be presented as an amount of dollars that was paid every hour or as an annual salary (indicate that when choosing the “Hourly” box or the “Salary” box. In addition, the rate of payment that the employment applicant won with the employer 3 on his last day of work must also be presented when necessary. (36) Title of work and responsibilities. The job of the job applicant with the employer 3 must be provided to this area. (37) Term of Employment. A record of the dates of the first and last calendar of employment applicant’s work with the employer must be shown 3. (38) Reason to leave. The final presentation required by this section will be the reason why the employment applicant and employer 3 terminated their working relationship. Part V - References (39) Full name of the reference relationship. The potential employer who accepts this review request may wish to review the employment applicant’s past employment history. This often requires that the professional references of the job applicant are listed. Starting with a production of the name of the Reference Person of the job applicant along with a description of their relationship. (40) Company and Title Celebrated by Reference. The Company’s name for the First Reference works and the title he or she holds there must be presented. (41) Contact information. The contact information of the First Reference mustprovided starting with your email address and phone number. (42) Full name and second reference ratio. The name of the Second Reference mustdispensed along with a record of how it is related to the job seeker. (43) Company and Title Celebrated by Second Reference. In most cases, a potential employer will look for more than one reference. The name of the Company of Works of the Entity and the name of the position held by the Second Reference is necessary for this area. (44) Contact information. The email address and phone number of the Second Contact will be required for this application. (45) Third reference. The third reference of the job seeker should be identified by name, have their relationship with the job seeker reported, and their contact information produced. Part VI - Military Service (46) Status of Veterans. The first box in the “Military Service” section must be checked if the job applicant has served in a branch of the military. If this is not the case, the box corresponding to the label “No” must be selected. (47) Branch and Rank. If the job seeker served in the army, then the branch in which he or she served and the rank he or she held at the point of discharge must be submitted. (48) Term of Service. A production of the dates on which the job seeker enlisted and the date on which he was discharged for military service is required. (49) Type of discharge. Report the download status of the job seeker. If it was not honorably registered, then an explanation should be shown in the available area. Part VII “Background Check Consent (50) Background check. The job seeker must indicate whether he accepts a background check. The consent section will allow this permit to be given when the job seeker ticks the “Yes” box and signs this paperwork. Otherwise, if the job seeker will not consent to a background check performed by the employer. Part VIII “Discharge from (51) Signature of postulant employment. This request will only be considered a valid presentation of information if the employment applicant signs the name of it. (52) Date of work signature work The calendar date when the job seeker signed this form should be waived once he or she signs it. (53) Printed name. Name.

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