

# Oregon New Hire Reporting Form

Now accepting new hire reporting information via the Employer Portal website at [OregonChildSupport.gov/employers](http://OregonChildSupport.gov/employers).  
 You can get additional information or download this form by visiting this website.

**Mail or Fax completed form to:**  
 Department of Justice, Division of Child Support  
 Employer New Hire Reporting  
 PO Box 14680, Salem, OR 97309

Telephone: 503-378-2868  
 Toll Free 866-907-2857  
 Fax: 503-378-2863  
 Toll Free Fax: 877-877-7415

**Reports must be submitted no later than 20 days after the hire/rehire date**

## Required Information \*

### Employer Information

Please use the same FEIN used to report quarterly wage information

* Employer Federal Identification Number (FEIN)	State Identification Number	Submission Date
* Employer Name		DBA (Doing Business As) Name
* Employer Street/Mailing Address		* Contact Name
* Employer City	* State	* Zip Code
		* Contact Phone Number
		Email:

\* 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/fax number
			Email:

\* By reporting health insurance availability information below, your company may avoid receiving unnecessary forms.  
 Do you offer any employees the option of purchasing dependent or family health care coverage as a benefit of their employment or is coverage available through a union? Yes [ ] No [ ]

Union name and phone number: \_\_\_\_\_

If yes, is there a waiting period for eligibility? Yes [ ] No [ ] If Yes, how long? \_\_\_\_\_

**\*Employees name and SSN must exactly match what is on their SSN card. Please identify first, middle, and last name.**

### Employee Information

* Social Security Number	*First Work Date	Date of Birth	
* First Name	Middle Name	* Last Name	
* Employee Street/Mailing Address	* City	* State	* Zip Code
Employee email address	Home phone	Cell phone	

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* Employer Name	* Employer Federal ID Number	* Contact Name	
		* Contact Phone Number	

* Social Security Number	*First Work Date	Date of Birth	
* First Name	Middle Name	* Last Name	
* Employee Street/Mailing Address	* City	* State	* Zip Code
Employee email address	Home phone	Cell phone	

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* First Name	Middle Name	* Last Name	
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* Employee Street/Mailing Address	* City	* State	* Zip Code
Employee email address	Home phone	Cell phone	

* Social Security Number	*First Work Date	Date of Birth	
* First Name	Middle Name	* Last Name	
* Employee Street/Mailing Address	* City	* State	* Zip Code
Employee email address	Home phone	Cell phone	

# Instructions

## How to fill out the New Hire Reporting Form

### ▣ **Employer Info:**

Please make sure you use the same Federal Tax ID Number (FEIN) that you use to report your quarterly wage information.

Including a contact person and phone number is required. Including email address is optional but extremely helpful, particularly if there is missing required information or the required information is unclear and employer services need to contact the employer.

### ▣ **Different address and contact information for withholding orders?**

Please fill out this box if your company has a payroll service or another address where income withholding orders should be sent.

### ▣ **Is health care coverage available?**

If your company doesn't offer dependent or family health care coverage to **any** of your employees, please mark the "No" box. If your company does offer dependent or family health care coverage to **any** of your employees, or if your employee is represented by a union and the union offers dependent or family health care coverage to any of your employees, please mark the "Yes" box. If yes is marked, please provide the waiting period, if any, and provide the unions name, telephone number and the waiting period, if known.

### ▣ **Employee:**

Please make sure the employees name and the Social Security Number match the employees Social Security card, including first, middle and last names.

Dates of birth are optional but very helpful in verification of employment and missing or unclear new hire information.

An employee address should be a valid address as used by the U.S. Postal Service.

### ▣ **Reporting Helpful Hints**

Oregon law [ORS 25.790, OAR 137-55-4040] requires all employers to submit their new hire reports within 20 days after the employees hire date. This includes rehires. "Rehire" means to re-employ any individual who was laid off, separated, furloughed, granted a leave without pay, or terminated from employment for more than 60 days.

If you have never reported before, please report only those current employees for whom you have not reported quarterly wage information to the Oregon Employment Department. Do not submit a list of all current employees as this creates unnecessary processing of duplicate information.

We have a variety of methods available for use in reporting:

- [OregonChildSupport.gov/employers](https://OregonChildSupport.gov/employers). Use this secure Employer Portal via our website.
- Electronic filing through FilesDirect.com. This secure website is free and user friendly. Contact employer services at 866-907-2857 for file specifications.
- Complete, print and fax or mail the information on the PDF form found on our website at: [OregonChildSupport.gov/forms/docs/csf010580.pdf](https://OregonChildSupport.gov/forms/docs/csf010580.pdf) (Our contact information is on the top of the attached form.)

Complete the attached form making sure the information is legible. Keep in mind that if the report is faxed, it can distort the information received.

**Due to security concerns, if you choose to submit a new hire report via e-mail, please be sure to use e-mail encryption.**