



# State Employee Information Form

## Section 1 - Request Type

Select One:

New

Change

## Section 2 - Agency Name and Agency Contact

Agency Name:

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Agency Contact Name:

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## Section 3 - Agency Contact Numbers and E-mail

Phone Number:

Extension:

Agency Contact E-mail:

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### Submit Form and Attachments To:

Mail: Ohio Shared Services  
Attn: Supplier Operations  
PO Box 182880  
Columbus, OH 43218-2880

### Questions? How to Contact Us:

Fax: 1-614-485-1052  
Phone : 1-877-OHIO-SS1 (1-877-644-6771)  
1-614-338-4781  
E-mail: Supplier@Ohio.Gov

**E-mail completed form to: [Supplier@Ohio.Gov](mailto:Supplier@Ohio.Gov)**

Note: To enroll in Direct Deposit (OAKS Financials), please complete the Authorization Agreement for Direct Deposit of EFT Payments available on the Supplier Website at [supplier.obm.ohio.gov](http://supplier.obm.ohio.gov). **Note:** Bank Verification or Bank Letter must be included with the EFT form.

Attachments include the following OAKS HCM screen prints:

1. Biographical Details
2. View Name
3. Contact Information