



PERSONNEL LEDGER

*Name: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Business address: _____

City: _____ State: _____ ZIP: _____

*Date of birth: _____

*NMLS Unique identifier: _____

*Position or title: _____

*Responsibilities: _____

*Starting date: _____

*Termination date: _____

*Reason for leaving/termination: _____

**Criminal record check completed: _____

*Information required per OAR 441-865-0050

**When required under OAR 441-860-0045(1)

Optional: Emergency contact:

Name: _____

Phone: _____