

## PRIVACY NOTIFICATION

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information.

The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to withholding of taxes, benefits, administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory--failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the Federal and State governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are: Office of the President and Campus Academic and Staff Personnel Offices.

## DISCLOSURE OF INFORMATION

If you **DO NOT** want your permanent address and/or phone number released to employee organizations (unions), MARK "X" in the "NO" boxes. **Failure to complete this area on the form will mean that your permanent address and/or phone number may be released to employee organizations upon request from unions.**

Mark "X" in the YES or NO box to indicate whether your permanent address, telephone number, or spouse's name may be released for official campus use.



# PERSONAL DATA FORM

## Generic Model UPAY544 (R5/04)

Campus	Employee ID (4-12)	Date (13-18) MO   DY   YR
Department		
Prior Name		PERSONNEL PROGRAM CODE Check One <input type="checkbox"/> A-Academic <input type="checkbox"/> 1-Professional <input type="checkbox"/> 2-Management
Employee Middle Name (49-78)		
Employee Name Suffix (49-52)		

<b>N1</b> (1-2)	Employee First Name (19-48)	Employee Middle Name (49-78)
<b>N2</b> (1-2)	Employee Last Name (19-48)	Employee Name Suffix (49-52)

**A. TYPE OF ACTION** (Check appropriate box.)

<input type="checkbox"/> <b>EMPLOYMENT</b> (Complete all information.)	<input type="checkbox"/> <b>DATA CHANGE</b>	<input type="checkbox"/> <b>TERMINATION</b> (Complete permanent address.)
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**B. CAMPUS MAILING ADDRESS**

<b>C1</b> (1-2)	Line 1 - Campus Address (19-48)		
	Line 2 - Campus Address (49-78)		
<b>C2</b> (1-2)	City (19-39)	State (40-41)	Zip Code (42-46)

YOUR PERMANENT MAILING ADDRESS			WORK LOCATION INFORMATION		
<b>P2</b> (1-2)	Line 1 - Street Address (19-48)		Campus (49-52)	Room No. (53-58)	Building (59-68)
<b>P3</b> (1-2)	Line 2 - Street Address (19-48)		Campus Phone 1 (49-58)		Campus Phone 2 (59-68)
<b>P4</b> (1-2)	City (19-39)	State (40-41)	Zip Code (42-46)	Home Phone (Local) (19-28)	Spouse's Name (Optional) (29-53)
<b>US ONLY →</b>			<b>SEE REVERSE FOR DISCLOSURE OF INFORMATION</b>		
COMPLETE ONLY IF YOUR MAILING ADDRESS IS OUTSIDE THE U.S.			EMPLOYEE ORGANIZATIONS		
			DO YOU WANT YOUR HOME ADDRESS RELEASED TO EMPLOYEE ORGANIZATIONS? (57)	YES	NO
FOREIGN Province, State, County, Shire District, Region, Prefecture, etc. (48-62)			TO RELEASE INFORMATION FOR OFFICIAL CAMPUS USE, CHECK APPROPRIATE BOX		
			Permanent Address (59)	YES	NO
FOREIGN Country			Home Phone (60)		
			Spouse's Name (61)		

**C. STUDENT STATUS AND EDUCATION**

<b>P8</b> (1-2)	UC STUDENT STATUS ----- → Enter Code (19)	Units this Term	Highest Degree (Write Highest Degree Code Here) (20)	Year Awarded (21-22)
	1-Not Registered      5-Not Reg. Deg. Cand / Other Campus 2-Not Reg. Deg. Cand      6-Undergrad/Other Campus 3-Undergraduate      7-Grad / Other Campus 4-Graduate		N No Acad Cert      B Bach. H HS or Equiv.      M Mast. T Trade Cert      P Prof. A Assoc.      D Doct.	

**D. PERSONAL INFORMATION AND CITIZENSHIP STATUS**

Male <input type="checkbox"/>	Female <input type="checkbox"/>	US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	→ Visa Status	Date Entered US MO   DY   YR	Intended Length of Stay	Country of Residency
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<b>E. PRIOR EMPLOYMENT</b> (Other than UC or State)	<b>F. RELATIVES EMPLOYED AT UC?</b>
Employer Name	Employed From To <input type="checkbox"/> YES <input type="checkbox"/> NO MO   YR   MO   YR
	INDICATE NAME, RELATIONSHIP & DEPARTMENT

**G. PRIOR OR CONCURRENT UC/STATE EMPLOYMENT** (Include ERDA Labs)

Employed From - To MO   DY   YR   MO   DY   YR	Campus / Lab	Department / Agency	Retirement System	Enter Name if Different
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RETN: Accounting: 1 year after modification Other Copies: 0-5 yrs after modification.	EMPLOYEE SIGNATURE	DATE
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<b>P9</b> (1-2)	ACCOUNTING USE ONLY				PERSONNEL	
	CIT (38)	VISA (39-40)	COUNTRY OF RESIDENCY (41-42)	WK PERMIT END DATE (43-48)	PRIOR SERV CREDIT (49)	PRIOR SERV MOS (50-52)
				MO   DY   YR		

**SEE REVERSE SIDE FOR  
PRIVACY NOTIFICATION**