Campus Address Field
Requirements Definition
Service Request 14838

Complete Replacement of the March 1, 2000 Version

August 2, 2000

Final

Office of the President
University of California
Payroll Coordination
Table of Contents

I. Purpose 1
II. Background 1
III. Current Process 1
IV. Requested Change 1
V. Edits 2
VI. One -Time Conversion 3
VII. On-line Entry/Update Screens 3
VIII. On-line Help 5
IX. History 6
X. Employee Documents 6
XI. Base System Forms 7
XII. Report Changes 7

Attachments:
1. Employee Personal Data 1 Screen
2. EDB Inquiry – Personal Data Screen
3. IPER - Removal of Data Elements
4. IPER – Remaining Data Elements
5. EPD1 Removal of Data Elements
6. EPD1 Remaining Data Elements
7. New EPD Entry/Update Screen Layout
8. New Inquiry Screen Layout
9. Data Dictionary
10. History Inquiry Data Base – Basic Employment Data Screen
11. Initial Hire or Rehire (IDOC)
13. UPAY 544
14. UPAY 640B
I. **Purpose**

The purpose of this document is to request that the ability be provided to store campus address information in an expanded format, including city, state, and zip in the Payroll/Personnel System (PPS).

II. **Background**

Currently, the lengths of the Employee DataBase (EDB) Campus Address fields used for updating the room number and building name is minimal. As departments and employees move to off-campus sites, campuses find it difficult to send campus mail (mass mailings, checks, and surepay statements) to these highly abbreviated off-campus addresses. When the campus mail division does not provide service to these off-campus sites, off-campus departments must rely upon the U.S. Post Office. Although the permanent address fields are of the ideal lengths, the usage of these fields is inappropriate. Therefore, it is requested that the campus address fields be expanded. The expansion of the campus address fields would allow for meaningful address information, such as unit name, complete room numbers, building names, city, state, and zip code as needed.

III. **Current Process**

The current EDB structure of the Campus Address fields contain 6 characters for the Room Number (Data Element 0308) and 10 characters for the Building Name (Data Element 0309). Most off-campus addresses easily exceed the 16 characters. For example, an off-campus work address can resemble the following:

```
Dept of Surgery
Harbor-UCLA Med Ctr
1000 Carson St
Torrance, CA 90509
```
IV. Requested Change

The existing campus address fields could be expanded or new fields could be created and the existing fields made obsolete. Therefore, the campus address fields should have the following lengths:

<table>
<thead>
<tr>
<th>Description</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Work Address Line 1</td>
<td>30</td>
</tr>
<tr>
<td>Campus Work Address Line 2</td>
<td>30</td>
</tr>
<tr>
<td>Campus Work Address City</td>
<td>21</td>
</tr>
<tr>
<td>Campus Work Address State</td>
<td>2</td>
</tr>
<tr>
<td>Campus Work Address Zip Code</td>
<td>5</td>
</tr>
</tbody>
</table>

V. Edits

The following edit should be established in connection with the new Campus Work Address data elements:

• In batch and on-line processing, if the City, State, or Zip Code of the Campus Work Address is entered, then Line One or Line Two of the Campus Work Address should be entered. If this is not the case, a warning message should be issued.

In both batch and on-line processing, a warning message should be issued in USER08 and USER12. The message text should be:

CAMPUS WORK ADDRESS IS INCOMPLETE

In batch, turnaround transactions should be presented for entering Line one of the Campus Work Address, the City, State, or Zip.

• In batch and on-line processing, if one of the following City, State, or Zip of the Campus Work Address is entered they must all be entered. If this is not the case, a warning message should be issued.

In both batch and on-line processing, a warning message should be issued in USER08 and USER12. The message text should be:

CAMPUS WORK ADDR CITY, STATE, OR ZIP IS INCOMPLETE

In batch, turnaround transactions should be presented for entering the City, State, or Zip.
VI. One-time Conversion

A one-time conversion should be developed for use by the campuses. The conversion process should move the existing Room Number information in DE 0308 to Line One of the new Campus Work Address field. The existing Building Name information in DE 0309 should be moved to Line two of the new Campus Work Address field.

Please note: All employee records should be selected irrespective of their Employment Status Codes (DE 0144); i.e., irrespective of whether the employee is coded as active, on leave with pay, on leave without pay, separated, or inactive.

VII. On-line Screens

Because the existing screens for display and entry of campus address data are already crowded, new screens should be developed for the display and/or entry of the employee’s permanent or campus work address. Additionally, the on-line Entry/Update – Employee Personal Data 1 (EPD1) screen and the EDB Inquiry – Personal Data (IPER) screen should be reformatted to display personal data only. Attachment 1 contains a copy of the current EPD1 screen and attachment 2 contains a current copy of the IPER screen.

Changes to existing screens

IPER Screen

- The fields listed below should be moved from the IPER screen to a new EDB Inquiry address screen:

  Campus Mail Address, room, building, phone 1, phone 2, home phone, foreign address indicator, perm address, foreign address, country, spouse name, employee organization disclosures – perm address, home phone, home address release, home phone release, spouse name release. Attachment 3 is a copy of the IPER screen highlighting these fields.

  See attachment 4 for the suggested layout of the data fields remaining on the IPER screen.

EPD1 Screen
The fields listed below should be moved from the EPD1 screen to a new EDB Entry/Update address screen:

Permanent address line 1, line 2, city, state, zip, foreign addr ind, prov, cntry, postal code, campus address room, building, campus phone 1, phone 2, campus release codes-perm address, home phone, spouse name, employee organization disclosures – perm address, home phone. Attachment 5 is a copy of the EPD1 screen highlighting these fields.

See attachment 6 for the suggested layout of the data fields remaining on the EPD1 screen.

New Screens

New screens will need to be developed for the display and entry of the employee permanent and campus address, campus release codes and employee organization disclosures. A central and departmental version of a new Address screen should be developed for this information.

Attachment 7 contains a copy of the suggested format for the Entry/Update screen and Attachment 8 contains a copy of the suggested format for the Inquiry screen.

On-line screen help should be provided for both the central and departmental version of the new address screen. The information for both screens is displayed below:

On-line Entry/Update Screen EDBHEADD

Function: EADD enables the user to enter and update employee address information, including campus and home address and telephone numbers, spouse name, and disclosure information.

Nature of Information: EADD contains permanent and campus address information, campus and home telephone numbers, spouse name, and codes indicating employee-selected disclosures to employee organizations and for UC business purposes.

There are no highly abbreviated or group field labels on EADD.

On-line Inquiry Screen EDBHIADD
Function: IADD displays an employee’s campus and home telephone and address information.

Nature of Information: IADD contains permanent and campus address information, campus and home telephone numbers, spouse name, and codes indicating employee-selected disclosures to employee organizations and for UC business purposes.

There are no highly abbreviated or group field labels on IADD.

VIII. On-line Help

On-line field-level help should be made available for all new data elements. This help should be based on EDB data dictionary entries as is done for other EDB data elements. The suggested text is as follows:

*The Campus Work Address data fields should be defined as follows:*

**Line 1 (Data Element TBD\(^1\))**

- The first line of the Campus Work Address designated as the employee’s work street address.

**Line 2 (Data Element TBD)**

- The second line of the Campus Work Address designated as the employee’s work street address.

**City (Data Element TBD)**

- The city in which the employee’s Campus Work Address is located.

**State (Data Element TBD)**

- The standard US Postal Service abbreviation for the state in which the employee’s Campus Work Address is located.

**Zip Code (Data Element TBD)**

---

\(^1\) TBD = To be determined
The postal code assigned to the area in which the employee’s Campus Work Address is located.

Attachment 9 contains a copy of the Data Dictionary displaying the Campus Work Address information.

IX. History

Currently, the History Inquiry DataBase – Basic Employment Data 1 (IBA1) screen displays the following fields: campus name, room number, and building name. It has been determined that the History Inquiry DataBase does not need to capture or display the campus name, room number, and building name. Therefore, the campus name, room number, and building name should no longer be captured and this information should be removed from the IBA1 screen.

Attachment 10 contains a copy of the IBA1 screen highlighting the fields that should be removed.

X. Summary of Initial Hire or Rehire (IDOC)

The welcome section of the IDOC contains a text block that included the campus address. The text should be modified to accommodate the addition of the campus work address fields. Attachment 11 contains a copy of the IDOC displaying the Campus Work Address fields. Additionally, the Campus Address is displayed on the Personnel Report IDOC in both landscape and portrait versions. Since this report is not used as an address for sending information to the employee, the title should be changed to home department address. Attachment 12 contains a copy of both versions of this IDOC highlighting the field that should be changed.
XI. Base System Forms

UPAY 544

The Personal Data Form (PDF) (UPAY 544) should be updated to reflect this change at its next major revision. Attachment 13 contains a copy of the UPAY 544 form.

UPAY 640

The Payroll Maintenance Worksheet –1, (UPAY 640B) form should be modified to include the expanded Campus Work Address information. Attachment 14 contains a copy of the UPAY 640B.

XII. Report Changes

- Release 1288 (Single Unified Union reporting) contained the new campus address fields in the union file. However, at the time of the release the fields were left blank. The fields on this file should be populated as follows. The existing Room Number information in DE 0308 should be moved to Line One of the new Campus Work Address field. The existing Building Name information in DE 0309 should be moved to Line two of the new Campus Work Address field.

- Program PPP690 is used to report employees who claim exemption from Federal and state tax withholding. The reports are sorted by Home Department with the Home Department number and name listed on the report. This program also creates an address label file. The report and labels are distributed to the departments for notification to the employee. The report headings with the home department information need not be changed. However, the new campus address should be used for the label file.

- Program PPSTARPT is used to produce calendar year-end reports for nonresident aliens. This program also creates an address label file. The labels are used to distribute information to nonresident aliens regarding their tax status. The report headings with the home department need not be changed. However, the new campus address should be used for the label file.

- Currently IHHR - History Data Base Report displays the employee’s Campus Room and Building data. The campus address data should be removed from this report.
Attachment 1

<table>
<thead>
<tr>
<th>Userid: PAYPCW</th>
<th>ID: 000050020</th>
<th>Name: ABSENT, MARCUS</th>
<th>SSN: 555-55-5020</th>
<th>Pri Pay: MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address Line 1: 2321 PLEASANTVILLE ROAD</td>
<td>City: PLEASANTVILLE</td>
<td>State: CA</td>
<td>Zip: 94720</td>
<td></td>
</tr>
<tr>
<td>Line 2: APARTMENT 203</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Addr Ind: F</td>
<td>Prov: SASKATCHEWAN</td>
<td>Cntry: AA</td>
<td>Postal Code: 987654321</td>
<td></td>
</tr>
<tr>
<td>Campus Address - Room: 305</td>
<td>Building: STUDIO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus Phone 1:</td>
<td>Phone 2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth: 091857</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Spouse Name: PROG/ANALYST III, APS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UC Directory Disclosures - Perm Addr: Y</td>
<td>Home Phone: Y</td>
<td>Spouse Name: Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Organization Home Address Disclosure: Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex: M</td>
<td>Ethnic: E</td>
<td>Disability: N</td>
<td>Veteran: N</td>
<td>Veteran Disability: N</td>
</tr>
<tr>
<td>Citizenship: C</td>
<td>Student Status: 1</td>
<td>No. of Reg. Units:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Func:</td>
<td>ID:</td>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F: 1-Help</td>
<td>3-PrevMenu</td>
<td>4-Print</td>
<td>5-Update</td>
<td></td>
</tr>
<tr>
<td>F:</td>
<td>9-Jump</td>
<td>12-Exit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Current version of EPD1 screen.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>000050021</td>
</tr>
<tr>
<td>Name</td>
<td>BLUES,BERTHA D.</td>
</tr>
<tr>
<td>SSN</td>
<td>555-55-5021</td>
</tr>
<tr>
<td>Hm Dept</td>
<td>804918 CHAN OFFICE</td>
</tr>
<tr>
<td>Emplmt Status</td>
<td>A Pri Pay: BW</td>
</tr>
<tr>
<td>Campus Mail Addr</td>
<td>UCB</td>
</tr>
<tr>
<td>Room</td>
<td>400</td>
</tr>
<tr>
<td>Building</td>
<td>SPROUL</td>
</tr>
<tr>
<td>Phone 1</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Phone 2</td>
<td>Home Addr</td>
</tr>
<tr>
<td>Hm Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Perm Ad</td>
<td>12 UPTOWN CIRCLE</td>
</tr>
<tr>
<td>Suite Ten</td>
<td></td>
</tr>
<tr>
<td>Foreign Addr Ind</td>
<td></td>
</tr>
<tr>
<td>Foreign Addr</td>
<td></td>
</tr>
<tr>
<td>Perm Addr</td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td></td>
</tr>
<tr>
<td>Phone 1</td>
<td></td>
</tr>
<tr>
<td>Phone 2</td>
<td></td>
</tr>
<tr>
<td>Hm Phone</td>
<td></td>
</tr>
<tr>
<td>Perm Phone</td>
<td></td>
</tr>
<tr>
<td>Spouse Name</td>
<td>MSO III,APS</td>
</tr>
<tr>
<td>Student Status</td>
<td>1</td>
</tr>
<tr>
<td>Emp Org Disclosures</td>
<td>YES</td>
</tr>
<tr>
<td>Educ Level</td>
<td></td>
</tr>
<tr>
<td>Educ Level Yr</td>
<td>00</td>
</tr>
<tr>
<td>Spouse Name Rlse</td>
<td>NO</td>
</tr>
<tr>
<td>Pr UC/State Serv</td>
<td>NO</td>
</tr>
<tr>
<td>Corporate Credit Card</td>
<td></td>
</tr>
<tr>
<td>From Date</td>
<td>07/77</td>
</tr>
</tbody>
</table>

Note: The current version of the IPER screen is 3.
<table>
<thead>
<tr>
<th>Personal Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Userid: PAYUSR1</td>
<td></td>
</tr>
<tr>
<td>ID: 000050021 Name: BLUES, BERTHA D. SSN: 555-55-5021</td>
<td></td>
</tr>
<tr>
<td>Hm Dept: 804918 804918 804918 CHAN OFFICE Emplmt Status: A Pri Pay: BW</td>
<td></td>
</tr>
<tr>
<td>Hm Dept Addr: GAYLE MEMORIAL TOWER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Campus Mail Addr: UCB Room: 400</th>
<th>Spouse Name: MSO III, APS Emp Org Disclosures: YES Student Status: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building: SPROUL Phone 1:</td>
<td>Perm Addr: YES Educ Level:</td>
</tr>
<tr>
<td>Phone 2:</td>
<td>Home Phone: YES Educ Level Yr: 00</td>
</tr>
<tr>
<td>Hm Phone</td>
<td>Home Address Rlse: NO</td>
</tr>
<tr>
<td>Foreign Addr Ind:</td>
<td>Spouse Name Rlse: NO</td>
</tr>
<tr>
<td>Perm Ad</td>
<td>Pr UC/State Serv:</td>
</tr>
<tr>
<td>San Francisco</td>
<td>Corp Credit Card Type:</td>
</tr>
<tr>
<td>Country:</td>
<td>Status:</td>
</tr>
<tr>
<td>Next Func: ID: Name: SSN:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

4 Highlighted data elements should be removed from this screen.
<table>
<thead>
<tr>
<th><strong>ID:</strong> 000050021</th>
<th><strong>Name:</strong> BLUES, BERTHA D.</th>
<th><strong>SSN:</strong> 555-55-5021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hm Dept:</strong> 804918 CHAN OFFICE</td>
<td><strong>Emplmt Status:</strong> A Pri Pay: BW</td>
<td></td>
</tr>
<tr>
<td><strong>Hm Dept Addr:</strong> GAYLE MEMORIAL TOWER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Status:** 1  
**Education Level Code:**  
**Education Level Year:** 00  
**Employment Service Credit:** 239  
**Employment Service Credit From Date:** 0777  
**Prior UC/State Service:**  
**Prior Service Months:**  
**Corp Credit Card**  
- **Type:**  
- **Status:**  
- **Date:**  

**Next Func:** ID: Name: SSN:  

---

5 Remaining data fields on IPER Personal Data screen.
ID: 000050021 Name: BLUES, BERTHA D. SSN: 555-55-5021 Pri Pay: BW

Permanent Address Line 1: 2440 FILLMORE STREET
Line 2: City: SAN FRANCISCO State: CA Zip: 94115
Foreign Addr Ind: Prov: Cntry: Postal Code:
Campus Address - Room: 400 Building: SPROUL
Campus Phone 1: Phone 2:

Date of Birth: 101937
Home Phone: Spouse Name: MSO III, APS
Campus Release Codes - Perm Address: N Home Phone: N Spouse Name: N
Employee Organization Disclosures - Perm Address: Home Phone: Y

Sex: F Ethnic: 5 Disability: H Veteran: N Veteran Disability: N
Citizenship: R Student Status: 1 No. of Reg. Units:

Next Func: ID: Name: SSN:

===>
F: 1-Help 3-PrevMenu 4-Print 5-Update
F: 9-Jump 12-Exit

6 Highlighted data elements should be removed from this screen.
PPEPD10-E0964  EDB Entry/Update  12/21/99 08:50:39
06/17/97 14:37:54  Employee Personal Data - 1  Userid: PAYUSR1
ID: 000050021 Name: BLUES, BERTHA D.  SSN: 555-55-5021 Pri Pay: BW

Date of Birth: 101937
Sex: F
Ethnic: 5
Disability: H  Veteran: N  Veteran Disability: N
Citizenship: C
Student Status: 1 No. of Reg. Units:

Remaining data fields on EDP –1 screen.
Permanent Address
Line 1: 2440 FILLMORE STREET
City: SAN FRANCISCO  State: CA Zip: 94115
Foreign Addr Ind: x Prov: xxxxxxxxxxxxxxx Country: xx
Postal Code: xxxxxxxxxxx
Home Phone:  Spouse Name: MSO III, APS
Campus Release Codes - Perm Address: N  Home Phone: N  Spouse Name: N
Employee Organization Disclosures - Perm Address: N  Home Phone: Y
Campus Address
Line 1: SURGERY DEPT. HOPE HOSPITAL
Line 2: 2441 FRANKMORE DRIVE
City: San Francisco  State: CA Zip: 94115
Campus Phone 1: xxxxxxxxxxxx Phone 2: xxxxxxxxxxx
Campus Room: xxxxxx Building: xxxxxxxxxxx

Next Func:  ID:  Name:  SSN:  

F: 1-Help  3-PrevMenu  4-Print  5-Update
F: 9-Jump  12-Exit

---

8 New address screen.
<table>
<thead>
<tr>
<th>PPIADD0-IXXX</th>
<th>EDB Inquiry</th>
<th>12/21/99</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/17/97 14:37:54</td>
<td>Employee Address Data</td>
<td>Userid: PAYUSR1</td>
</tr>
<tr>
<td>ID: 000050021 Name: BLUES, BERTHA D.</td>
<td>SSN: 555-55-5021</td>
<td></td>
</tr>
<tr>
<td>Hm Dept: 804918 CHAN OFFICE</td>
<td>Emplmt Status: A Pri Pay: BW</td>
<td></td>
</tr>
<tr>
<td>Hm Dept Addr: GAYLE MEMORIAL TOWER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Perm Address Line 1: 2440 FILLMORE STREET
Line 2:
  City: SAN FRANCISCO  State: CA  Zip: 94115
Foreign Addr Ind: x  Prov: xxxxxxxxxxxxxxxx
Country: xx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx  Postal Code: xxxxxxxxxxx
Home Phone:  Spouse Name: MSO III, APS

Campus Release Codes - Perm Address: Yes  Home Phone: Yes  Spouse Name: Yes
Employee Organization Disclosures - Perm Address: Yes  Home Phone: Yes

Campus Address Line 1: SURGERY DEPT. HOPE HOSPITAL
Line 2: 2441 FRANKMORE DRIVE
City: SAN FRANCISCO  State: CA  Zip: 94115
Campus Phone 1:  Phone 2: 

F: 1-Help  2-Browse  3-PrevMenu  4-Print
F: 9-MainMenu  12-Exit

---

9 New Inquiry Address screen
System Number:

User Access Name:

Programming Name:

Revision Date:

Edit Requirement:

Comments

Source(s): PPP120,
Use(s): Reporting
Locations(s): N/A

Name: CAMPUS WORK ADDRESS – LINE ONE

Type: ALPHANUMERIC

Length: 30

Format
N/A

General Description

The first line of the campus address designated as the employee’s work address.

Code Interpretation

N/A
System Number:

User Access Name:

Programming Name:

Revision Date:

Edit Requirement:

Comments

Source(s): PPP120,
Use(s): Reporting
Locations(s): N/A

Name: CAMPUS WORK ADDRESS – LINE TWO

Type: ALPHANUMERIC

Length: 30

Format
N/A

General Description

The second line of the campus address work address as the employee’s work address.

Code Interpretation
N/A
System Number:

User Access Name:

Programming Name:

Revision Date:

Edit Requirement:

Comments
Source(s): PPP120,
Use(s): Reporting
Locations(s): N/A

Name: CAMPUS WORK ADDRESS – CITY

Type: ALPHANUMERIC

Length: 21

Format
N/A

General Description
The city in which the employee's work address is located.

Code Interpretation
N/A
System Number:

User Access Name:

Programming Name:

Revision Date:

Edit Requirement:

Comments

Source(s): PPP120,
Use(s): Reporting
Locations(s): N/A

Name: CAMPUS WORK ADDRESS – STATE

Type: ALPHANUMERIC

Length: 2

Format
N/A

General Description

The standard U.S. Postal Service abbreviation for the state in which the employee’s work address is located.

Code Interpretation
N/A
**System Number:**

**User Access Name:**

**Programming Name:**

**Revision Date:**

**Edit Requirement:**

**Comments**

Source(s): PPP120,
Use(s): Reporting
Locations(s): N/A

**Name:** CAMPUS WORK ADDRESS – ZIP

**Type:** ALPHANUMERIC

**Length:** 5

**Format**

N/A

**General Description**

The postal code assigned to the area in which the employee’s work address is located.

**Code Interpretation**

N/A
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID:</td>
<td>000050021</td>
</tr>
<tr>
<td>Name:</td>
<td>BLUES, BERTHA D.</td>
</tr>
<tr>
<td>SSN:</td>
<td>555-55-5021</td>
</tr>
<tr>
<td>Home Department:</td>
<td>804918</td>
</tr>
<tr>
<td>Separation Date:</td>
<td></td>
</tr>
<tr>
<td>Separation Reason:</td>
<td></td>
</tr>
<tr>
<td>Oath Signature Date:</td>
<td>07/01/1977</td>
</tr>
<tr>
<td>Incorrect Flag:</td>
<td></td>
</tr>
<tr>
<td>Employment Status:</td>
<td>I</td>
</tr>
<tr>
<td>Most Recent Hire Dt:</td>
<td>07/01/1977</td>
</tr>
<tr>
<td>Prior Service Code:</td>
<td></td>
</tr>
<tr>
<td>Prior Service Inst:</td>
<td></td>
</tr>
<tr>
<td>Original Hire Date:</td>
<td></td>
</tr>
<tr>
<td>Probation End Date:</td>
<td></td>
</tr>
<tr>
<td>Next Review Date:</td>
<td>07/93</td>
</tr>
<tr>
<td>Next Review Type:</td>
<td>2</td>
</tr>
<tr>
<td>Last Day on Pay Status:</td>
<td></td>
</tr>
<tr>
<td>Campus Address Name:</td>
<td>UCB</td>
</tr>
<tr>
<td>Campus Address Room:</td>
<td>400</td>
</tr>
<tr>
<td>Campus Address Bldg:</td>
<td>SPROUL</td>
</tr>
<tr>
<td>Primary Title Code:</td>
<td>7510</td>
</tr>
<tr>
<td>Job Group Identifier:</td>
<td>PRO</td>
</tr>
<tr>
<td>FICA Eligibility Cd:</td>
<td>E</td>
</tr>
<tr>
<td>Retirement System Code:</td>
<td>U</td>
</tr>
</tbody>
</table>

Highlighted data element fields should be removed from this screen.
Welcome to the University of California, SYSTEMWIDE.
This summary will provide you with an overview of your appointments and related information. This summary is not intended to be a contract or binding document. It is for informational use only. If you have any questions, corrections, or need to update any personal information, please contact your department personnel office.

PERSONAL INFORMATION
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
You have been issued Employee Identification Number 000050040.
Your Date of Birth has been recorded as 06/05/55.
Your Social Security Number is 856-66-5438.
Your citizenship status is: U.S. Citizen
Your Visa Type is:      Work Permit End Date:           Date of Entry:
You have chosen the following Withholding Allowances:
Federal Tax Status: Married             4
State Tax Status: Married             1
Additional State Allowances:   3
Your most recent date of hire is: 07/01/80
We have as your Permanent Address:  Phone Number:  Spouse's Name:
2039 SHATTUCK AVE. #205                          CLIN NURSE II, STAFF
#205
BERKELEY               CA, 94720
You have chosen to allow UC to use for business purposes:
You have chosen to disclose to Employee Organizations:
Your sick leave balance is:    457.837760 hours
Counting from         , you have 206 months of employment service credit
and     months prior UC/State Service.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
APPOINTMENT INFORMATION
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
You have been appointed as:
(1) NURSE, CLINICAL II             Title Code: 9139 Grade: None
Department:        HOSPITAL EDUCATION
Term of Service:   07/01/96 to Indefinite
Percent of Time:   100
Personnel Program: Prof/Sup Staff     Appointment Type: Regular/Career
Your position is covered by the following union contract(s):
(1) California Nurses Assoc
Your appointment has qualified you for:

11 The highlighted fields display the new Campus Address.
Your appointment(s) allows you to accrue the following:

(1) Vacation: Yes  *Rate: 12.92 hrs/quadriweekly cycle
Sick Leave: Yes  *Rate:  7.38 hrs/quadriweekly cycle

*Note: Accrual rate shown is the approximate maximum that may be earned for 100 percent time per month or quadriweekly cycle. Your accrual will vary according to your hours worked. You must be on pay status at least one-half of the working hours in the month or quadriweekly cycle to be eligible to earn vacation or sick leave for that period.

At this time, you are scheduled to receive a Salary Review on 07/93 for Merit Increase

SALARY INFORMATION

You will be receiving your paycheck on a Bi-Weekly basis.
You have selected that it be distributed by SurePay to: WELLS FARGO

The following indicates your salary, type of payment and source of funding:

(1) REGULAR PAY  18.9600 Hourly
Step 5.5 at 100% Fixed  Time
from account 3-427701-  -63000-  -2
effective 07/01/96 with end date of Indefinite

SHIFT DIFFERENTIAL  2.2000 Hourly
Step 5.5 at 50% Fixed  Time
from account 3-427701-  -63000-  -2
effective 07/01/96 with end date of Indefinite

CLIN NURSE DIFFERENTIAL  1.0000 Hourly
Step 5.5 at 50% Fixed  Time
from account 3-427701-  -63000-  -2
effective 07/01/96 with end date of Indefinite

OVERTIME AT TIME & 1/2  19.8300 Hourly
Step at % Fixed  Time
from account 3-726301-  -19900-  -2
effective 07/01/96 with end date of Indefinite
NAME: TED E. BEAR                      ID: 000050040 SSN: 856-66-5438
Home Department: HOSPITAL EDUCATION

Personnel/Employment Information:

Original Hire Date:                         Retirement:  U  FICA:  E
Most Recent Hire Date: 07/01/80            BELI:         1  02/01/91
UC Stdt Status/Units: 1/00.0                Prior UC Service Credit:
Date of Birth:        06/05/55              Employee Service Credit:    206
Citizen: C  Visa:                                From: 07/80
Work Permit End Date:                          Leave Of Absence Begin:
Check Disposition:     8                      Leave Of Absence Return:
Type:

Campus Address: BROADWAY BUILDING12
Campus Phone 1:                          2:
Next Salary Review:  2  07/93
Probationary End Date:
Last Day on Pay Status:
Separation Date:
Reason:

Appointment/Distribution Information:

Appt: 10 Pers.Pgm: 1 Appt.Type: 2 Bas/Pd Over: 00/00
Title: 9139 NURSE, CLINICAL II
Appt Dept: 827701 HOSPITAL EDUCATION
Begin: 07/01/96 End: 99/99/99 Grade: PCT: 1.00 F/V: F
Ann/Hrly Rate:  18.9600  Rate:  H Pay Sch: BW Time: L Lv: C
Dist: 11 3-427701-  63000-   -2 FTE:       PCT: 1.0000
Begin: 07/01/96 End: 99/99/99 Step: 5.5 O/A:
Pay Per Rate Amt:  18.9600 DOS: REG Perq: WSP:
Dist: 12 3-427701-  63000-   -2 FTE:       PCT: .5000
Begin: 07/01/96 End: 99/99/99 Step: 5.5 O/A:
Pay Per Rate Amt:  2.2000 DOS: SDF Perq: WSP:
Dist: 13 3-427701-  63000-   -2 FTE:       PCT: .5000
Begin: 07/01/96 End: 99/99/99 Step: 5.5 O/A:
Pay Per Rate Amt:  1.0000 DOS: CNX Perq: WSP:
Dist: 14 3-726301- 19900-   -2 FTE:      PCT:
Begin: 07/01/96 End: 99/99/99 Step: O/A:
Pay Per Rate Amt:  19.8300 DOS: OTP Perq: WSP:

---
12 Highlighted field should be renamed Home Dept Addr.
NAME: TED E. BEAR  ID: 000050040  SOCIAL SECURITY NUMBER: 856-66-5438

Personnel/Employment Information:

Original Hire Date: 07/01/80  Retirement: U  FICA: E  Home Department: HOSPITAL EDUCATION
Most Recent Hire Date: 02/01/91  BELI: 1  Prior UC Service Credit: 2:
UC Stdt Status/Units: 1/00.0  Campus Address: BROADWAY BUILDING
Date of Birth: 06/05/55  Empl Service Credit: 206  Next Salary Review: 2 07/93
Citizen: C  Visa:
Work Permit End Date: 07/80  Leave Of Absence Begin:
Check Disposition: 8  Last Day on Pay Status:

Appointment/Distribution Information:
Appt: 10  Pers.Pgm: 1  Appt.Type: 2  Bas/Pd Over: 00/00  Title: 9139  NURSE, CLINICAL II  Appt Dept: 827701

<table>
<thead>
<tr>
<th>DIST</th>
<th>Full Accounting Unit</th>
<th>FTE</th>
<th>PCT</th>
<th>Begin</th>
<th>End</th>
<th>Step O/A</th>
<th>Pay Per. Rate/Amt.</th>
<th>DOS</th>
<th>PERQ</th>
<th>WSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>3-427701- -63000- -2</td>
<td>1.0000</td>
<td>07/01/96</td>
<td>99/99/99</td>
<td>5.5</td>
<td>18.9600</td>
<td>REG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>3-427701- -63000- -2</td>
<td>.5000</td>
<td>07/01/96</td>
<td>99/99/99</td>
<td>5.5</td>
<td>2.2000</td>
<td>SDF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>3-427701- -63000- -2</td>
<td>.5000</td>
<td>07/01/96</td>
<td>99/99/99</td>
<td>5.5</td>
<td>1.0000</td>
<td>CNX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>3-726301- -19900- -2</td>
<td>07/01/96</td>
<td>99/99/99</td>
<td>19.8300</td>
<td>OTP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13 Highlighted field should be renamed Home Dept Addr.
PERSONAL DATA FORM
Generic Model
UPAY544 (R1/00)

CHECK BOX IF NAME CHANGE: ☐

Employee First Name: (19-48)  Employee ID: (4-12)  Date: (13-18)
Employee Middle Name: (49-78)
Employee Last Name: (19-48)  Employee Name Suffix: (49-52)

A. TYPE OF ACTION  (Check appropriate box.)
☐ EMPLOYMENT  (Complete all information.)  ☐ DATA CHANGE  ☐ TERMINATION
(Complete permanent address.)

B. ADDRESS INFORMATION

YOUR PERMANENT MAILING ADDRESS

P2
Line 1 - Street Address (19-48)

CAMPUS MAILING ADDRESS

P3
Line 2 - Street Address (19-48)

P4
City (19-39)

jon
P5
Foreign Country Code (73-74)

C. PAYROLL CHECK DISPOSITION  (Check appropriate box.)
☐ US MAIL TO ADDRESS - At Right (5, 6, 7)
☐ DELIVER TO HOME DEPARTMENT (2)
☐ MAIL TO CAMPUS ADDRESS (3)  ☐ DEPOSIT WITH MY BANK (4)

D. STUDENT STATUS AND EDUCATION

UC STUDENT STATUS - - - - - - - - - - (19) - - - - -

P8
Units this Year:  Mark Highest
Term Degree Only:

E. PERSONAL INFORMATION AND CITIZENSHIP STATUS

Male Female US Citizen? VISA Status
☐ ☐ ☐ YES ☐ NO

F. PRIOR EMPLOYMENT (Other than UC or State)

Employer Name:

G. RELATIVES EMPLOYED AT UC?

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

Employed From - To

RETN: Accounting: 1 year after modification
Other Copies: 0-5 yrs after modification.

SEE REVERSE SIDE FOR PRIVACY NOTIFICATION
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.
RETN: Accounting Office: 5 years after separation, except in cases of disability, retirement or disciplinary action, in which cases retain until age 70.