PERSONAL DATA FORM
Generic Model
UPAY544 (R5/04)

CHECK BOX IF NAME CHANGE □

Employee First Name (19-48) Employee Middle Name (49-78) Employee Last Name (19-48) Employee Name Suffix (49-52)

Department

CHECK BOX IF NAME CHANGE □

MO DY YR

PERSONNEL
PROGRAM CODE
Check One
□ A-Academic
□ 1-Professional
□ 2-Management

A. TYPE OF ACTION (Check appropriate box.)
□ EMPLOYMENT
□ DATA CHANGE
□ TERMINATION

B. CAMPUS MAILING ADDRESS

Line 1 - Campus Address (19-48)
Line 2 - Campus Address (49-78)
City (19-39) State (40-41) Zip Code (42-46)

C. STUDENT STATUS AND EDUCATION

UC STUDENT STATUS: Enter Code (19)
Units this Term (19)
Highest Degree (Write Highest Degree Code Here)
Year Awarded (21-22)

D. PERSONAL INFORMATION AND CITIZENSHIP STATUS

Male Female US Citizen? Visa Status Date Entered US Intended Length of Stay Country of Residency □ □ □ YES □ NO

E. PRIOR EMPLOYMENT (Other than UC or State)

Employer Name Employee From To INDICATE NAME, RELATIONSHIP & DEPARTMENT □ YES □ NO

F. RELATIVES EMPLOYED AT UC?

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

Employed From To Campus / Lab Department / Agency Retirement System Enter Name if Different

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

ACCOUNTING USE ONLY PERSONNEL

SEE REVERSE SIDE FOR PRIVACY NOTIFICATION

MO DY YR

P9
(1-2)

CIT (38)
VISA (39-40)
COUNTRY OF RESIDENCY (41-42)
WK PERMIT END DATE (43-48)
PRIORITY SERV. CREDIT (49)
PRIORITY SERV. MOS (50-52)

DATE
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.