

Personnel Data Form

Personal Data					
Name					
L	ast	First Middle			
Birth Date	Spouse Na	ame			
mm/dd/yyyy	Male/Female				
Permanent Address		Local Address			
Street Number Street Na	me Apt. #	Street Number Street Name Apt. #			
City	State Zip Code	City State Zip Code			
Contact Information					
Phone #	E-Mail	U-Mail			
	-				
Check information you do <u>NOT</u> want listed in the UC Directory: Spouse Name Address Phone Number					
Are you a U.S. Citizen?		Yes No			
If No: Visa Status Country of Residence					
If No: Date Entered U.S. Work Permit End Date Intended Length of Stay					
Work I clinit End Date interided Eeighi of Stay					
Are you now, or have you previously been employed by Do you have any near relatives* employed by the UC?					
the University of California?	Yes No	Yes No			
If Yes: Campus &		*A near relative is defined as a spouse, domestic partner, parent, child (including the child of a domestic partner), or sibling. In-			
Department(s)		laws and step-relatives in the relationships listed, including relatives of the domestic partner who would be covered if the			
Dates of Employment	ТО	domestic partner were the employee's spouse, are also defined as			
-		near relatives.			
Have you been awarded Work-Stu	ıdy? Yes No	If Yes, please provide the following information:			
Student # Units		Name(s) Relation			
Perm # this Qtr		Campus & Dept.			
Highest Academic Degree Earned (check one below) Year Degree Awarded					
		Bachelor Master Professional Doctorate			
Emergency Contact (please list at least	one person)				
Contact Name		Phone Number(s)			
Contact Name		Phone Number(s)			

EMAIL POLICY

ISBER employees' use of electronic communications services implies acknowledgement that the services will be used consistent with the University Electronic Communications Policy and Campus Implementing Guidelines, and that usage which does not comply with the policy or guidelines may result in sanctions as defined with the policy. These policies may be viewed at http://www.ucop.edu/ucophome/policies/ec/

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security Number is mandatory. The University's record-keeping systems relating to this (application or other form) were established prior to January 1, 1975, pursuant to the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The Social Security Number is used to verify your identity.

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for personnel administration. University Policy authorizes maintenance of this information.

Furnishing all information required 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 administrative purposes and will be transmitted to the state and federal governments if required by law.

You have the right to review the personal information maintained about you in accordance with University policy and may contact the office of record maintaining such information for more information concerning your rights.

The official responsible for maintaining the information contained on this form is the Payroll/Personnel Coordinator, ISBER, 2201 North Hall, University of California Santa Barbara, Santa Barbara, CA 93106-2150.

I have read, and I understand	, the policies	concerning the use o	f electronic mai	l and privacy:
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Note: This is NOT an employment form; merely an information sheet. Prior to starting work, you must provide proof that you are legally entitled to work in the United States, and sign several employment forms.