



PERSONAL DATA FORM
UPAY544-6 (R9/00) FO-2195

EMPLOYEE #	NEW EMPLOYEE #	DATE
DEPARTMENT		PERSONNEL PROGRAM CODE <input type="checkbox"/>
SUFFIX	PRIOR NAME (NAME CHANGE ONLY)	A - ACADEMIC 1 - PROFESSIONAL & SUPPORT STAFF 2 - MANAGEMENT & SR PROFESSIONAL

CHECK BOX IF NAME CHANGE <input type="checkbox"/>	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) (19-44)
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TYPE OF ACTION (check appropriate box)

<input type="checkbox"/> EMPLOYMENT (complete all information-attach to PAF)	<input type="checkbox"/> DATA CHANGE (complete only information to be changed)	<input type="checkbox"/> SEPARATION (complete only if permanent address has changed)
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ADDRESS INFORMATION

PERMANENT ADDRESS: YOUR MAILING ADDRESS			CAMPUS MAILING ADDRESS		
LINE 1-STREET ADDRESS			MAIL CODE		
LINE 2-STREET ADDRESS			CAMPUS PHONE 1	CAMPUS PHONE 2	
CITY	STATE	ZIP CODE	HOME PHONE	SPOUSE'S NAME	
COMPLETE ONLY IF YOUR MAILING ADDRESS IS OUTSIDE THE U.S.			DISCLOSURE OF INFORMATION		
FOREIGN PROVINCE, STATE, COUNTY, DISTRICT, REGION, etc.		FOREIGN POSTAL CODE	CHECK THE FOLLOWING ITEMS YOU WANT DISCLOSED TO OUTSIDE PARTIES WHO REQUEST THIS INFORMATION.		EMPLOYEE ORGANIZATIONS: DO YOU WANT YOUR HOME ADDRESS RELEASED TO EMPLOYEE ORGANIZATIONS?
FOREIGN COUNTRY	FOREIGN CODE	PERMANENT ADDRESS	HOME PHONE NUMBER	SPOUSE'S NAME	YES NO

STUDENT STATUS AND EDUCATION

UC STUDENT STATUS 1 - Not Registered 2 - Not Reg. Deg. Cand 3 - Undergraduate 4 - Graduate 5 - Not Reg. Deg. Cand / Other Campus 6 - Undergraduate / Other Campus 7 - Grad / Other Campus UC Student Status <input type="text"/> Units this Term <input type="text"/>	MARK HIGHEST DEGREE OBTAINED Institution: _____ No Acad. CERT. (N) <input type="checkbox"/> H.S. OR EQUIV. (H) <input type="checkbox"/> TRADE CERT. (T) <input type="checkbox"/> ASSOC. (A) <input type="checkbox"/> BACH. (B) <input type="checkbox"/> MAST. (M) <input type="checkbox"/> PROF. (P) <input type="checkbox"/> DOCT (O) <input type="checkbox"/> YEAR AWARDED <input type="text"/>
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PRIOR EMPLOYMENT (other than UC or State)

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

EMPLOYED FROM <input type="text"/> TO <input type="text"/>	EMPLOYER NAME <input type="text"/>	EMPLOYED FROM <input type="text"/> TO <input type="text"/>	UC CAMPUS & DEPARTMENT OR NAME OF STATE AGENCY <input type="text"/>	RETIRE SYS NAME <input type="text"/>
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PERSONAL INFORMATION

RELATIVES EMPLOYED AT UC?

SEX MALE (M) <input type="checkbox"/> FEMALE (F) <input type="checkbox"/>	DATE OF BIRTH <input type="text"/>	PROFESSIONAL LICENSE/CERTIFICATE NUMBER (IF APPROPRIATE) <input type="text"/>	EXP. DATE <input type="text"/>	INDICATE NAME HERE AND RELATIONSHIP AND DEPARTMENT IN REMARKS NO <input type="checkbox"/> YES <input type="checkbox"/>
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REMARKS

EMPLOYEE SIGNATURE	PHONE NO.	DATE
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SEE REVERSE SIDE FOR PRIVACY NOTIFICATION AND DISCLOSURE OF INFORMATION

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 Managers or Campus Accounting Officers.

DISCLOSURE OF INFORMATION

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