

INSTITUTE FOR SOCIAL, BEHAVIORAL AND ECONOMIC RESEARCH

Instructions for Completing RE-HIRE Employment Forms

NOTE: If you do not know your University Employee ID Number, leave those fields blank.

EMPLOYEE DATA FORM

*Complete all applicable information legibly. Complete both sides. Sign on the bottom of the back page.

STATE OATH OF ALLEGIANCE, PATENT POLICY, AND PATENT ACKNOWLEDGMENT

*Print **ONLY** your name at the top (“Employee’s Name”) and at the bottom (“Employee/Guest Name”).

*Read, but DO NOT SIGN OR DATE, the form. An Administrative Office employee must witness your signature.

*Note: If you are not a US citizen or Permanent Resident, you do not have to sign the Oath of Allegiance (top section). Simply draw a line across the signature area and write “Citizen of _____” (name of your country) in this area.

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM)

*Complete the top 1/3 of the form. Be sure to sign and date it.

*Be prepared to provide the proper **original** identifying documents. See the list of acceptable documents on the following page.

PAYROLL & NON-PAYROLL DEPOSIT AUTHORIZATION FORM

*If you would like to have your paycheck deposited into a checking or savings account, complete this form.

*Be sure to attach a voided check in the designated area. If it is for a Savings Account, or if you do not use paper checks, list the branch where the account was originally opened and be sure to write the correct account number and tracking number.

NOTE: If you already have established Direct Deposit between the university and your bank, and have not cancelled it, there is no need to complete this form (it should still be in effect).

STATEMENT RE YOUR EMPLOYMENT IN A UNIV. POSITION NOT COVERED BY SOCIAL SECURITY

*Fill in your name and Social Security Number. Sign and date on the bottom of the page.

WORK-STUDY

*If you have been awarded Work-Study, bring your Work-Study Referral along with all of the other completed forms.

PPS ACCESS

*Please go to the payroll preparer in your former department and ask her/him to provide ISBER with access to your personnel files in PPS (the payroll system). Our access code is ISBE. They can call Monica (x8277) when this has been done.

RETURN THE ENTIRE PACKET OF FORMS (whether used or not) TO 2201 or 2202 North Hall.

EMPLOYEE DATA FORM

Please complete the following information (front and back)

Name _____ Social Security Number _____
Last First Middle Initial

Birth Date _____ Female ____ or Male ____ Spouse Name _____

Permanent Address _____
Number Street Apartment

City State Zip Code

Local Address _____
Number Street Apartment

City State Zip Code

Perm Phone (____) _____ Local Phone (____) _____ Cell Phone (____) _____

E-Mail Address _____ U-Mail Address _____

Check information you do NOT want listed in the UC Directory: ____ Address ____ Phone ____ Spouse Name

U.S. Citizen? ____ Yes ____ No If No: Visa Status _____ Work Permit End Date _____

If No: Date Entered U.S. _____ Country of Residence _____ Intended Length of Stay _____

Are you now, or have you previously been, employed by the University of California? ____ Yes ____ No

If Yes: Campus & Department(s) _____

Dates of Employment _____

Do you have relatives employed by UC? ____ Yes ____ No If Yes: Name _____

If Yes: Campus/Dept where they work _____ Relationship _____

Highest Academic Degree Earned (check one below) Year Degree Awarded _____

____ None ____ HS/Equiv ____ Trade Cert ____ Assoc ____ Bach ____ Mast ____ Prof ____ Doc

UCSB Student Status _____ Perm # _____ # of Units this Quarter _____
undergrad/grad/not enrolled

Anticipated Graduation Date _____ Have you been awarded Work-Study? ____ Yes ____ No

CONTINUED ON REVERSE SIDE

IN CASE OF EMERGENCY (please list at least one person)

Contact Name _____ Phone Number(s) _____

Contact Name _____ Phone Number(s) _____

E-MAIL 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/>

PRIVACY NOTIFICATION

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 Analyst, ISBER, 2202 North Hall, University of California Santa Barbara, Santa Barbara, CA 93106.

I have read, and I understand, the policies concerning the use of electronic mail and privacy:

Employee Signature

Date

Note: This is NOT an employment form, merely an information sheet. Prior to starting work, you must provide proof of U.S. citizenship or proof that you are legally entitled to work in the United States, and sign several employment forms.



**UNIVERSITY OF CALIFORNIA
STATE OATH OF ALLEGIANCE, PATENT
POLICY, AND PATENT
ACKNOWLEDGMENT
UPAY585 (R11/97) E0420 71443-180**

EMPLOYEE'S NAME (Last, First, Middle Initial)		DATE PREPARED MO DY YR		
EMPLOYEE ID	DEPARTMENT	EMPLOYMENT DATE MO DY YR		

STATE OATH OF ALLEGIANCE I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken and subscribed before me on: _____
MO DY YR

Signature of
Authorized Official: _____

Title: _____

County: _____ State: _____

Signature of
Officer or Employee: _____

(DO NOT Sign Until in The Presence of Proper Witness.)

NOTE: No fee may be charged for administering this oath.

Oath must be administered by either (1) a person having general authority by law to administer oaths - for example Notaries Public, Civil Executive Officers (Section 1001 of Government Code), Judicial Officers, Justices of the Peace, and county officials named in Sections 24000, 24057 of Government Code: such as, district attorneys, sheriffs, county clerks, members of boards of supervisors, etc., or (2) by any University Officer or employee who has been authorized in writing by The Regents to administer such oaths

WHO MUST SIGN THE OATH: All persons (other than aliens) employed by the University, in common with all other California public employees, whether with or without compensation, must sign the oath. (Calif. Constitution, Article XX, Section 3, Calif. Government Codes, Sections 3100-3102.)

WHERE OATHS ARE FILED: The Oaths of all employees of the University shall be filed with the Campus Accounting Office.

All persons re-employed by the University after a termination of service must sign a new Oath if the date of re-employment is more than one year after the date on which the previous Oath was signed (Calif. Government Code, Section 3102).

FAILURE TO SIGN OATH: No compensation for service performed prior to his subscribing to the Oath or affirmation may be paid to a University employee. And no reimbursement for expenses incurred may be paid prior to his subscribing to the Oath or affirmation. (Calif. Government Code, section 3107.)

WHEN OATH MUST BE SIGNED: The Oath must be signed BEFORE the individual enters upon the duties of employment (Calif. Constitution, Article XX, Section 3: Calif. Government Code Section 3102.)

PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Government Code, Section 3108.)

PATENT ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University.

Licensing office. Such Inventions shall be examined by University to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy, hereinafter called "Policy."

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by California Labor Code section 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to inventors, and that the policy in effect at the time an invention is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percent-age of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University.

I acknowledge my obligation to assign inventions and patents that I conceive or develop while employed by University or during the course of my utilization of any University research facilities or any connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the Office of Technology Transfer or authorized

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this agreement I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

NOTICE: This acknowledgment does not apply to an invention which qualifies under the provision of Labor Code section 2870 of the State of California which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or (2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable. In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

RETENTION: Accounting: 5 years after separation, except in cases of disability, retirement or disciplinary action, in which cases retain until age 70.
Other Copies: 0-5 years after separation.

Employee/Guest Name (Please print): _____ Date: _____

Employee/Guest Signature: _____ Date: _____

Witness Signature: _____ Date: _____

PLEASE SIGN STATE OATH AND PATENT ACKNOWLEDGMENT -- ATTACH TO PAF, UPAY560.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year) (if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**University Of California, Santa Barbara
Accounting Services & Controls - Payroll Division
Payroll & Non Payroll Deposit Authorization Form**

Employee Name:	(Last, First, Middle Initial)
Social Security Number:	
Work Extension:	
Email Address:	
Name of your Financial Institution:	
Address:	Street
	City State Zip

Payroll Check:

Type: CHECKING Account Number _____
 SAVINGS Transit Routing Number _____

Non-Payroll Check:

Please check this box if you want Non Payroll check(s) also to be deposited to your above Checking or Savings Account.

OR

Please check this box if you want Non Payroll check(s) to be deposited into another Checking or Savings Account.

Type: CHECKING Account Number _____
 SAVINGS Transit Routing Number _____

I hereby authorize (1) the University of California, to deposit my net pay via electronic transfer of funds, and (2) my financial institution to credit my net pay to my account. This authorization will remain in effect until cancelled in writing.

Employee's Signature

Date

Please Note: Staple A Voided Check In This Area

1. Because we have to prenote your account with your bank, your first Surepay (Direct Deposit) to your bank will occur after you receive one last paper check.
2. Do not write checks against your account unless you received a Surepay stub.
3. If you change banks or accounts within your bank, you need to complete another Surepay form.
4. Please verify your transit routing number and account number with your Financial Institution.
5. If you close your account, please contact ext. 3654 (Payroll) and/or ext. 4288 (Disbursements) as soon as possible.

FOR ACCOUNTING USE ONLY

10	ChK DSP	Bank Table Key	Surepay Account No.	CHK(C) SAV(S)	Prenote NOC
1-2	19	20-24	25-41	42	43
SP	8				1
P2 DIST.CODE(49-52) – Home Department Code					

**STATEMENT CONCERNING YOUR EMPLOYMENT IN A
UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY**
UCRS 419 (R1/05) University of California Human Resources and Benefits

Send completed form to:
UC HR/Benefits
Records Management
P.O. Box 24570
Oakland CA 94623-1570

1. EMPLOYEE AND UNIVERSITY INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
CAMPUS/LAB	DEPARTMENT	DATE OF HIRE

Your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a UC defined contribution plan (DC plan) or UC Retirement Plan (UCRP) benefit based on earnings from this position. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your DC plan or UCRP benefit may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected.

Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

1. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a plan benefit from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a plan benefit from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

2. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state or local government plan benefit based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your government plan benefit.

For example, if you receive a monthly government plan benefit of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100).

Even if your government plan benefit is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

2. FOR ADDITIONAL INFORMATION

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

3. REQUIRED SIGNATURE

I certify that I have received Form UCRS 419 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE
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