

MSI - EMPLOYMENT DATA FORM

Effective date: _____ Position # _____ Employee ID: _____

Name _____ SS# _____
Last First Middle Initial *See note below

Birth Date _____ Female ___ 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 _____

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

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 ___

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

Contact Name _____ Phone Number(s) _____

Contact Name _____ Phone Number(s) _____

E-MAIL POLICY

MSI 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/>

SAFETY POLICY

It is important for all MSI employees to work in a safe environment and be prepared for emergencies. Please review MSI's emergency operations plan at <http://www.msi.ucsb.edu/Pages/safety.html>

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 Assistant.

I have read, and I understand, the policies concerning the use of electronic mail, safety, 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.