

(For Office Use Only)  
EMPLOYEE ID# : \_\_\_\_\_

Unit Contact:  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

UCSC Data Collection Document  
ACADEMIC INITIAL HIRE / REHIRE (AHIR / AREH/ AUHI / AURH)

SECTION A - To Be Completed by Employee - *Do not complete shaded areas*

**EEID - Employee Identification**

NAME: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
Month/Day/Year

**EADD - Employee Address**

PERMANENT ADDRESS (*Where all benefits, tax documents [e.g., W-2], and payroll correspondence, will be mailed.*)

Line 1: \_\_\_\_\_

Line 2 (*if needed*): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If this is a foreign address, provide the following:

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

For University-related business, may the campus utilize your:

Home address  Yes  No Home Phone  Yes  No Spouse's Name  Yes  No

Do you want to release the following information to Employee Organizations (Unions)?

Home address  Yes  No Home Phone  Yes  No

CAMPUS PHONE: 1) \_\_\_\_\_ 2) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*(Not entered in system)*

**EPD1 - Employee Personal Data 1**

**Personnel Rep:** Refer to the Demographic Data Transmittal form for "Ethnicity", "Vietnam Veteran", "War/Campaign Veteran", "Veteran Disability" and "Disability" Codes.

SEX:  M  F US CITIZEN? (c)  Yes  No  
*(If you are NOT a US citizen, you will need to complete additional forms.)*

UC STUDENT STATUS: (1)  Not Registered/Enrolled  
(2)  Not Registered/Enrolled Degree Candidate  
(3)  Undergraduate  
(4)  Graduate Student  
(5)  Not Registered/Enrolled; a Graduate Degree Candidate at another UC campus\*  
(6)  Undergraduate Student at another UC campus\*  
(7)  Graduate Student at another UC campus\*

**Personnel Rep:** \*Non-UCSC student: \_\_\_\_\_ (# of units for which enrolled)

Where do you want your paycheck sent? (*This must be a campus address*): \_\_\_\_\_  
*(To have your check direct-deposited to your bank account, register at UC Net.)*

**PAY DISPOSITION CODE:** 000 \_\_\_\_\_

**LOCAL ADDRESS (if different from permanent address):**

**PERSON TO CONTACT IN CASE OF EMERGENCY**

STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_

Street Address \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIVES EMPLOYED BY THE UNIVERSITY: \_\_\_\_\_  
NAME RELATIONSHIP DEPARTMENT

**EPD2 - Employee Personal Data 2**

**Personnel Rep:** Refer to the State Oath of Allegiance form to complete the "Oath Signature Date" and the I-9 (Employment Eligibility) form to complete the "I-9 Date".

HIGHEST DEGREE RECEIVED: None H.S./equivalent Trade Cert. Associate Bachelors  
(Education Level Code) Masters Professional Doctorate YEAR RECEIVED: \_\_\_\_\_  
(Education Level Year)

WHO WAS YOUR LAST EMPLOYER? \_\_\_\_\_  
If previously employed by UC, University DOE Labs, or the State of California, provide dates of employment:

UC / Univ. DOE Labs FROM: \_\_\_\_\_ TO: \_\_\_\_\_ WHERE? \_\_\_\_\_  
mm/dd/yy mm/dd/yy

State of California FROM: \_\_\_\_\_ TO: \_\_\_\_\_ WHERE? \_\_\_\_\_  
mm/dd/yy mm/dd/yy

**PRIVACY NOTIFICATION**

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, changes in title and pay status, and to comply with State and Federal affirmative action requirements. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing ethnicity and veteran status is voluntary. There is no penalty for not completing that information. However, if an employee does not complete the information, the employee's supervisor or other appropriate official may attempt to do so. This information will be given to government agencies responsible for civil rights laws if these agencies request such information.

Furnishing all information requested on this form other than the information noted in the above paragraph, 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 State and Federal 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 Human Resources Offices and the campus Student Employment Services Office.

The officials responsible for maintaining the information contained on this form are: Staff and Academic Personnel Resources Managers at Campuses and the Office of the President, Student Employment Services Managers, Campus Department Managers, Campus Accounting Officers, or Campus Affirmative Action Officers.

I certify that the foregoing personal data are correct and that I have read and understand the privacy notification.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B - To be completed by Personnel Representative - Have employee complete shaded areas**

EMPLOYEE NAME: \_\_\_\_\_

<b>EPER - Personnel-Miscellaneous</b>	
Students Assigned BELI: (5) Not Eligible	EFFECTIVE DATE: _____ mm/dd/yy
I have been informed that I am NOT eligible for health and welfare benefits on the appointment.	
Employee Signature _____	Date _____
Non-Students: Refer to the Benefits Eligibility Level Indicator (BELI) Form to complete the "Assigned BELI", "Effective Date", and "Status Qualifiers" fields.	
Date of Hire (mmdyy): _____	
Employee Relations Code (Student: represented – H, non-represented - I; Non-Student, A-G): _____	
Employee Relations Unit <input type="checkbox"/> 99 <input type="checkbox"/> BX <input type="checkbox"/> PX <input type="checkbox"/> A7 <input type="checkbox"/> IX <input type="checkbox"/> LX <input type="checkbox"/> FX	
Home Department: _____	

<b>EAPP - Appointments/Distributions</b>	
Completing this section is <b>OPTIONAL</b> . For units opting to use this section as a notification to the employee of the terms and conditions of employment, complete this section, have the employee sign below, and provide them a copy, if requested.	
<b>APPOINTMENT INFORMATION:</b>	
PROPOSED TITLE: _____ (Not entered--system derived)	
APPT TYPE: (5) <input type="checkbox"/> Academic	BASIS __ PD. OVER __
APPT BEGIN: _____ mm/dd/yy	APPT END : _____ mm/dd/yy
DURATION: (T) <input type="checkbox"/> Tenured (leave blank) <input type="checkbox"/> Other (C) <input type="checkbox"/> Continuing (S) <input type="checkbox"/> Security of Employment (I) <input type="checkbox"/> Indefinite (B) <input type="checkbox"/> Budgetary Purposes Only (V) <input type="checkbox"/> Visa Purposes Only	
TITLE CODE: _____	% FULL TIME: _____ (F) <input type="checkbox"/> Fixed (V) <input type="checkbox"/> Variable
ANNUAL/HOURLY RATE: _____	RATE: (A) <input type="checkbox"/> Annual (H) <input type="checkbox"/> Hourly (B) <input type="checkbox"/> By Agreement
SCHEDULE: <input type="checkbox"/> MO <input type="checkbox"/> BW TIME: (C) <input type="checkbox"/> Positive [CruzPay] (Z) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Exception (W) <input type="checkbox"/> Without Salary	
LEAVE CODE: <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> N	
<b>DISTRIBUTION INFORMATION:</b>	
Loc __ Account _____ Cost Center (CC) _____ Fund _____ Project/Activity _____ Sub _	FTE _____ Dist. % _____ Pay Begin _____ Pay End _____ Step _____
O/A _____ Rate/Am _____ DOS _____ PRQ _____ DUC _____ WSP _____	
Loc __ Account _____ Cost Center (CC) _____ Fund _____ Project/Activity _____ Sub _	FTE _____ Dist. % _____ Pay Begin _____ Pay End _____ Step _____
O/A _____ Rate/Am _____ DOS _____ PRQ _____ DUC _____ WSP _____	
Loc __ Account _____ Cost Center (CC) _____ Fund _____ Project/Activity _____ Sub _	FTE _____ Dist. % _____ Pay Begin _____ Pay End _____ Step _____
O/A _____ Rate/Am _____ DOS _____ PRQ _____ DUC _____ WSP _____	
Loc __ Account _____ Cost Center (CC) _____ Fund _____ Project/Activity _____ Sub _	FTE _____ Dist. % _____ Pay Begin _____ Pay End _____ Step _____
O/A _____ Rate/Am _____ DOS _____ PRQ _____ DUC _____ WSP _____	
I certify that the above terms and conditions of employment have been explained to me and I accept the position on the terms specified.	
EMPLOYEE SIGNATURE _____	DATE _____

## EALN - Alien Information

For Permanent Residents (holders of a green card), enter "PR" in the "Visa Type" and leave "Visa/Work Permit End Date" blank. For non-resident employees, enter the appropriate status (e.g. H1, J1) in "Visa Type" and enter the work authorization expiration date from the supporting document in "Visa/Work Permit End Date".

### **Forms to be completed by the employee along with this document include:**

- I-9 Form** -- Employment Eligibility Verification (attach copies of supporting documents)
- State Oath of Allegiance** (not required for non-citizens)/**Patent Agreement**
- Demographic Data Transmittal**
- Benefits Eligibility Level Indicator/ Status Qualifier Code - Assignment or Reassignment Form** (for non-students)
- Non-Resident Tax Forms** from Glacier – if applicable; UC W-8BEN for Without Salary Foreign Nationals
- Statement Concerning Your Employment in a University Position Not Covered by Social Security** – if applicable
- CruzID Account Form** (for non-students)

### **Forms to be completed by the personnel rep along with this document include:**

- Foreign National Hiring Memo** with supporting documents
- Incoming Interlocation Memo** with supporting documents

### **Distribution of Forms:**

- Incoming Interlocation Memo** and **Foreign National Hiring Memo**- Payroll Office.
- Demographic Data Transmittal Form** - Unit destroys after entering data into the system.
- CruzID Account Form** (for non-students) – Unit destroys after faxing to ITS.
- Benefits Eligibility Level Indicator/ Status Qualifier Code - Assignment or Reassignment Form, I-9** (with copies of supporting documents), **Oath/Patent, Data Collection Document** - Retain in employee's personnel file.
- Statement Concerning Your Employment in a University Position Not Covered by Social Security** – Mailed to UCOP per instructions on the form.

**NOTE: Proposed revisions to this form must be reviewed by PPS Office personnel prior to being implemented.**