

**EMPLOYMENT** □ (Complete ALL information)

## DATA CHANGE □

(Complete information to be changed)

TERMINATION □

(Complete personal address and contact information)

Street Address:  City:	ΕV	APLOYEE NAME	(Legal nam	e only)				
Street Address:  City:	Lc	ast:			First:			Middle:
State:   Zip code:   If foreign mailing address, indicate:   Province:   Country:   Postal Code:   Province:   Country:   Postal Code:   Phone:   Email:     Email:     Phone:   Email:     Phone:   Email:     Phone:   Phone:   Phone   Phone:   Phone   Phone:   Ph	PE	PERSONAL ADDRESS AND CONTACT INFORMATION						
If foreign mailing address, indicate:  Province:	Stı	reet Address:						
Province:	Ci	ity:				State:		Zip code:
Phone: Email:	If f	foreign mailing ac	ddress, indic	ate:				
EMERGENCY DATA (Person to be notified in case of emergency)   Name: Relationship:   Street Address:	Pr	ovince:			Country:			_ Postal Code:
EMERGENCY DATA (Person to be notified in case of emergency)   Name: Relationship:	Ph	one:				Fm	ail:	
Relationship:   Street Address:   Zip code:   Zip code:   Phone 1:   Phone 2:   Zip code:   Phone 1:   Phone 2:   Phone 2:   Phone 2:   Phone 3:   Phone 2:   Phone 3:   Phone 4:   Phone 5:   Phone 5:   Phone 6:   Phone:   Phon						Liii	uii	
Street Address:						Pal	ationshin:	
City:							·	
Phone 1:								
CAMPUS WORK INFORMATION   Room & Building/Address:   Phone:	Ci	ity:				State:		Zip code:
Room & Building/Address:  Mail code: Phone:  PERSONAL INFORMATION AND CITIZENSHIP STATUS  Sex:	Ph	none 1:				Pho	one 2:	
Mail code: Phone:	/. C	AMPUS WORK IN	IFORMATIC	N				
PERSONAL INFORMATION AND CITIZENSHIP STATUS  Sex:	Ro	oom & Building/	Address: _					
Sex:	М	ail code:				Pho	one:	
U.S. Citizen?	. PE	ERSONAL INFOR/	MATION AN	ND CITIZ	ENSHIP STATUS			
I. DISCLOSURE OF INFORMATION  Employee Organizations:  Home Address   Yes   No	Se	ex:	□ Male	<b>;</b>	□ Female			
Employee Organizations:  Home Address   Yes   No	U.	S. Citizen?	□ Yes	□No	If <b>no</b> , indicate Visa Sta	tus:	Country of	Residency:
Home Address   Yes   No	I. DI	SCLOSURE OF IN	IFORMATIC	N				
Home Phone	En	mployee Organi	izations:			For Official	Campus Use	e:
□ Not Registered Highest Degree:Year Awarded □ Undergraduate Student Units this quarter: □ Graduate Student Units this quarter:  X. PRIOR OR CONCURRENT UC EMPLOYMENT						Home Phor	ne □ Yes	□ No
☐ Undergraduate Student Units this quarter: ☐ Graduate Student Units this quarter:  W. PRIOR OR CONCURRENT UC EMPLOYMENT	'II. U	C STUDENT STATI	JS			IIX. EDUCA	TION	
X. PRIOR OR CONCURRENT UC EMPLOYMENT		Undergraduate	e Student			Highest Deç	gree:	Year Awarded:
Campus: Department: To:					·			
						Fmpl	loved From:	To:
		ATIVES EMPLOYE	בט עב ווכס					