

PERSONAL DATA FORM

UPAY 544-3

TYPE OF ACTION (check appropriate box)

EMPLOYMENT complete all information

EMPLOYEE I.D. NO.	DATE							
	MO	DY	YR					
CAMPUS	APPOINTMENT							
DAVIS	ACAD.	MGMT.	STAFF					
HOME DEPARTMENT NAME								
WORK DEPARTMENT (if different from above)								

	DATA CHANGE complete information to be changed (if name or addre									ess, HOME DEPARTMENT NAME						
	complete Box 1).									WORK DEPARTMENT (if different from above)						
	☐ TERMINATION complete permanent address									WORK DEFARTMENT (II dilleterit from above)						
Check Box If Name Change (1-2	If Name P1									SUFFIX PRIOR NAME						
A. ADDRESS	INFORMATIO															
PERMANENT ADDRESS P2 LINE 1										Your name as you wish it to appear on your ID badge						
(1-2)																
P3 LINE 2 (1-2)	2							CAM	CAMPUS PHONE 1				CAMPUS PHONE 2			
CITY					FOREIG	3N	ПСБ	DIRECTO		LOSURE OF INF		DRMATION (See Reverse) EMPLOYEE ORGANIZATIONS				
P4 (1-2)	LIONE		Language	0.114.145					DIRECTO	in	formation you DO OT want listed		WANT YOUR	IZATIONS		
HOME PI	HONE		SPOUSE	S NAME					MANENT			LICATE	DDRESS	YES	NO	
(1-2)									DRESS	NUMBE 1		EMPLOY			1 🔲	
B. EMERGEN		ASE OF EMERGE	NCV													
PA NAME	ENOTIFIED IN C	ASE OF EMERGE	NC f									REL	ATIONSHIP			
PB STREET	ADDRESS											PHO	ONE 1			
PC CITY							STATE ZIP CODE			PHO	PHONE 2					
(1-2)	CTATUC			D EDUC	ATION											
C. STUDENT S			Units this	D. EDUC	ATION IGHEST DEG	REE ON	LY							YEAR AW	ARDED	
Not Reg. Deg	g. Cand. Underg	ırad Grad	Qtr.	No. Acad	. H.S. oi	r Tra	ade Cert.	Assoc.	Bac	h.	Mast.	Prof.	Doct.			
No.	ot Reg.			Cert.	Equiv. H	7	-П	а 🔲	в	7	м 🔲 Р	\Box	□□			
1 🔔 2	<u> </u>	<u>. 4 L.</u>			SITY ATTEN	_		<u>^</u>	ь_		IVI F		LD OF STUDY	,		
		ON AND CITIZE	NSHIP ST									ı.				
SEX	U.S. CITIZEN? VISA VISA EXPIRATION D STATUS DATE							Date entered United Intended length of stay Country of residency States								
-	FEMALE	YES	NO		MO	DY	YR	VIO	DY	YR						
F. PRIOR EMI	F L PLOYMENT (other than UC o	r State)		IIIO			110			LATIVES EMF	PLOYED	AT UC?		<u> </u>	
EMPLOYER NA	- (, Glato,			E	MPLOYED						E: NAME, RE		IP, &	
FROM TO NO YES DEPARTMENT																
		IT UC/STATE E				,	·	l l								
EMPLO FROM		FICA		erent than abo		elow	R	ETIREME SYSTEM			ative is employed oval on file?	I in the sam	ne unit, is	YES	NO	
	MO YR	YES NO														
I. LANGUAGE FOREIGN LANG		ETER INFORMA	ATION													
	READ	■ WRITE	SPEAK	REA	4D 🔲	WRITE	SPE/	AK [READ		WRITE	SPEAK	REAL		WRITE	
J. LICENSE										FMP	LOYEE SIGNAT	LIRE		DA	TE	
PE	LICEN	ISE (NUMBER)		type	EX	PIRATIO	N DATE			21111				DA		
(1-2)				code	MO	DY	YR									
	OUNTING USE (RSONNEL						ACADEMIC .			
PF Visa E (1-2) Dat			Work Dep Code	t Hire/Reh Type		or State rice Mos	Language # 1		2	#3	#4	Univ Att Code	t Field Study C		rio Univ npl Code	
ACCOUNTING U	JSE ONLY					P	PERSONNEL									
P8 Stude (1-2) State	ent Highest		Sex	Cit	Visa		Prior Serv Cd	Prior Se Mos	erv							