INSTRUCTIONS FOR COMPLETING REHIRE PAPERWORK

Please note: Rehire paperwork will not have all the forms listed below:

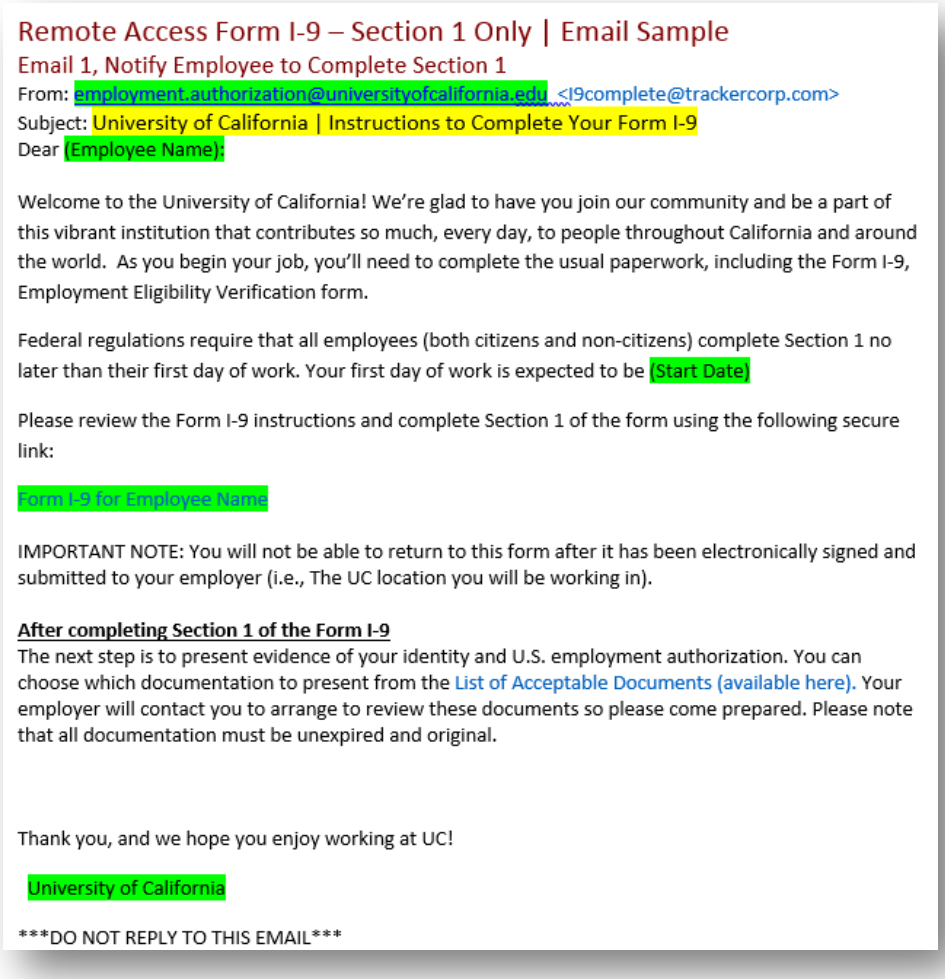
Welcome to the Computer Science Department. Within your hiring paperwork you find the following forms:

Special note: Employee number is your Student ID number.

- **Authorization form** – which you and your professor should complete. Make sure your Professor signs off on your form and he/she has given an account and fund number
- **Biography** – complete as much as possible.
- **Statements of Understanding** – Please read and sign on the back page of the form
- **UAW Local 2865 Membership Election form** – **(This form should only be completed if you are being hired as a TA)**
- **Emergency Contact Form** – please complete.
- **Voluntary Self-Identification of Race, Ethnicity and Veteran Status** – please complete no signature required.
- **Glacier Form** – please complete – **(Only to be completed if you are not a US Citizen.)**
- **Oath and Patent**
- **SSN Statement**

I-9 Requirements email you will receive:

Please read instructions **carefully** and complete online



Remote Access Form I-9 – Section 1 Only | Email Sample

Email 1, Notify Employee to Complete Section 1

From: employment.authorization@universityofcalifornia.edu <I9complete@trackercorp.com>

Subject: University of California | Instructions to Complete Your Form I-9

Dear (Employee Name):

Welcome to the University of California! We're glad to have you join our community and be a part of this vibrant institution that contributes so much, every day, to people throughout California and around the world. As you begin your job, you'll need to complete the usual paperwork, including the Form I-9, Employment Eligibility Verification form.

Federal regulations require that all employees (both citizens and non-citizens) complete Section 1 no later than their first day of work. Your first day of work is expected to be (Start Date)

Please review the Form I-9 instructions and complete Section 1 of the form using the following secure link:

Form I-9 for Employee Name

IMPORTANT NOTE: You will not be able to return to this form after it has been electronically signed and submitted to your employer (i.e., The UC location you will be working in).

After completing Section 1 of the Form I-9

The next step is to present evidence of your identity and U.S. employment authorization. You can choose which documentation to present from the List of Acceptable Documents (available here). Your employer will contact you to arrange to review these documents so please come prepared. Please note that all documentation must be unexpired and original.

Thank you, and we hope you enjoy working at UC!

University of California

DO NOT REPLY TO THIS EMAIL

******I-9 completion date cannot be backdated!!!!**

BIOGRAPHY
Computer Science Department
UCLA HSSEAS

(Please print in ink or type.) **DATE**: _____

NAME: _____ **UID#** _____ **SSN**: _____
Last, First, MI

DATE OF BIRTH: _____ **SEX**: _____ **HOME PH#:** _____ **WORK PH#:** _____

CURRENT MAILING ADDRESS: _____
Street, Apt/Unit City, State (Country) Zip

EMAIL: _____ **ADVISOR:** _____

CA RESIDENT? ☐ Yes ☐ No **US CITIZEN?** ☐ Yes ☐ No If "NO," Country of Citizenship: _____

NON US CITIZENS - VISA TYPE: ☐ Student (F1) ☐ Exchange (J1) ☐ Perm. US Resident (PR) ☐ Other: _____

MAJOR DEPT: _____ **DEGREE OBJECTIVE**: ☐ MS ☐ PHD **AREA OF SPECIALIZATION**: _____

PREVIOUS DEGREE(s) EARNED:

Degree	Institution	Major	Dates Attended	Date Degree Rec'd	GPA

UC GRAD GPA: _____ **GRAD UNITS COMPLETED**: _____ **ATC**: ☐ Yes ☐ No **ATC DATE**: _____

EMPLOYMENT DATA: *(Please provide only the employment data that will be relevant to your request for assistantship consideration.)*

Employer	Dates of Employment	Position Held	Nature of Work

HAVE YOU EVER BEEN EMPLOYED BY ANOTHER DEPT? ☐ Yes ☐ No DATES EMPLOYED: _____ DEPT: _____

STATEMENT OF UNDERSTANDING

UCLA ACADEMIC APPRENTICE PERSONNEL FEE REMISSION BENEFITS FOR 2018-2019

Congratulations on receiving an academic apprentice appointment at UCLA! Academic apprentice titles are intended to provide qualified students with relevant training experience for academic and academic-related careers in teaching and research. Apprentice personnel in the research series (i.e., Graduate Student Researchers - Title Code 3276) are regarded primarily as students being professionally trained. However, students employed in the following title codes are also regarded as employees and are known as Academic Student Employees (ASE):

ACADEMIC STUDENT EMPLOYEE (ASE) PERSONNEL TITLE CODES

Reader	2850	Remedial Tutor I	2288	Tutor	2860	Teaching Associate	1506
Special Reader	2852	Remedial Tutor II	2289	Teaching Assistant	2310	Teaching Fellow	2300

For more information see: "Agreement Between the Regents of the University of California and the Student Association of Graduate Employees, International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), AFL-CIO" at http://ucnet.universityofcalifornia.edu/labor/bargaining-units/bx/contract.html.

Please carefully read through the following information pertaining to eligibility criteria and benefit entitlement. ***You must also sign and date the back and return the form to your departmental apprentice personnel officer***. If you have any questions regarding these policies, contact your academic advisor, hiring department or the Graduate Fellowships and Financial Services at (310) 825-1025.

The following table summarizes the benefits and the requirements necessary to qualify for and maintain these benefits:

Appointment	Benefit	Quarter's Estimated Value	GPA	Units	Maximum Number of Quarters as Academic Apprentice Personnel	Percent of Time
Graduate Student Researcher (GSR)	Health Insurance (100%) (non-refundable if student waives UC-SHIP)	$1,300.64	3.0	12	No limit	Greater than or equal to 25%
GSR	Fee Remission 1 (100% of Tuition)	$3,814.00	3.0	12	No limit	Greater than or equal to 25%
GSR	Fee Remission 2 (100% of Student Services Fee)	$376.00	3.0	12	No limit	Greater than or equal to 25%
GSR	Nonresident Supplemental Tuition (NRST) Remission (U.S. Citizens and Permanent Residents should be within their first year of graduate study at UCLA)	$5,034.00	3.0	12	No limit	*Greater than or equal to 45%GSR only (does not apply to a combination of ASE + GSR positions)*
Academic Student Employee (ASE)	Health Insurance (100%) (non-refundable if student waives UC SHIP)	$1,300.64	3.0	12	12 academic quarters and, by exception once ATC, no more than 18 academic quarters of ASE series titles	Greater than or equal to 25%
ASE	Fee Remission 1 (100% of Tuition)	$3,814.00	3.0	12	12 academic quarters and, by exception once ATC, no more than 18 academic quarters of ASE series titles	Greater than or equal to 25%
ASE	Fee Remission 2 (100% of Student Services Fee)	$376.00	3.0	12	12 academic quarters and, by exception once ATC, no more than 18 academic quarters of ASE series titles	Greater than or equal to 25%
ASE	Campus Fee Remission (Effective Winter 2019)	$100.00	3.0	12	12 academic quarters and, by exception once ATC, no more than 18 academic quarters of ASE series titles	Greater than or equal to 25%
***BALANCE OF FEES**	Fee remissions do not cover all graduate student fees. Those additional fees are the responsibility of the graduate student to ensure payment by the applicable deadlines. Fees are subject to change at any time.				FALL 18 / WINTER 19	SPRING 19
	ASE				$126.63 / $25.62	$23.62
	GSR				$126.63 / $125.62	$123.62

* Balance of fees varies for new and continuing students. Please consult your BruinBill account for actual balance of fees or the Registrar's Office website: http://www.registrar.ucla.edu/Fees-Residence/Overview

Also note that you must be continuously registered and enrolled throughout the applicable appointment period(s) in the required number of units by ***no later than the third week*** of instruction and be employed at 25% time or greater.

It is important to understand the above not only to maintain those benefits initially provided to you, but also to ensure that you receive the full benefits associated with your total academic apprentice appointment with the university. The percentage of time accumulates in the instance where you have more than one qualifying apprentice appointment. Even if each appointment is less than 25%, you become eligible for some or all of the remissions if two or more such apprentice appointments accumulate to 25% or more. If this is the case, you must speak with your departmental administrator to ensure that a remission roster is processed.

Should you fail to meet and/or maintain these requirements, you will be billed for all remissions issued to you for that quarter for which you are ineligible. Failure to complete assigned duties for an extended period of time may be deemed abandonment of the position and may result in termination of the apprentice position, denial of re-employment and/or other appropriate sanctions.

SUBSTITUTE TEACHING WORK

Substitute teaching work performed by an ASE is compensable when coordinated and approved in advance by the hiring unit. The work may include but not limited to preparation time, classroom time, grading, and office hours. The department's human resources coordinator should ensure that the ASE is appropriately compensated. For any questions related to additional compensation for substitute work, please contact the hiring unit human resources coordinator.

TEST OF ORAL PROFICIENCY EXAMINATION (TOP)

International graduate students, including permanent residents, whose native language is not English, are required to take a campus-administered Test of Oral Proficiency examination (TOP) and pass it at 7.1 or above in order to be eligible for a teaching assistantship at UCLA. Please visit: https://oid.ucla.edu/top for more information on registration, exam details, preparation and scoring.

HEALTH INSURANCE

WAIVING

If you decide to waive your health insurance and submit a UC SHIP (University of California Student Health Insurance Plan) waiver for the term, and subsequently become eligible for the university health insurance remission, you will not be eligible to enroll in UC SHIP until the next term. Your UC SHIP waiver cannot be reversed for the term. There are no exceptions, and there is no appeal process, for waiving out of UC SHIP after your registration fees have been paid for the term. Please also note that a waiver of UC SHIP does not result in a refund back to you if you're enrolled in another insurance plan, directly pay or receive funding.

COVERAGE FOR STUDENTS ON FEE PENDING (FP) STATUS

Students on Fees Pending (FP) status have access to and may avail themselves of all services offered at Ashe, included but not limited to primary care visits, in-house specialty, x-rays, lab services, and prescriptions. Further, students with FP status have access to medical care at Ashe without the concern of incurring out-of-pocket costs at the time of visit. Students in need of health services can make appointments by phone (310-825-4073, Option 1) or in person (on the 1st floor of the Ashe building). For any questions related to health care services at Ashe associated with having FP status, please call the Insurance Office at 310-825-4073, Option 4.

ADVANCE LOANS

Academic Student Employees and Graduate Student Researchers are eligible to receive an interest-free advance on their student funding. Applications for these loans must be submitted within the following periods:

Fall 2018	**September 24, 2018 – October 15, 2018**
Winter 2019	**November 14, 2018 – December 14, 2018**
Spring 2019	**March 1, 2019 – April 1, 2019**

The loan will be paid back through equal payroll deductions taken from the second and third paychecks of the quarter for monthly paid employees while the first deduction is taken from the first paycheck of the first month and the second deduction taken from the first paycheck of the second month for bi-weekly paid employees.

FEE DEFERRALS

All academic apprentice personnel are eligible to receive a fee deferral for registration fees assessed during the quarter in which they serve as an academic apprentice. You are responsible for ensuring that these fees are paid by the payback deadline. In general, the deferred payment deadline is two months after the standard quarterly due date. If your fees are not paid by this date, you will be liable for an additional $50 late charge. Please contact your departmental administrator to request a fee deferral. Fee deferrals cannot be reversed and if you decide not to enroll after a fee deferral has been posted, you are still liable to pay registration fees.

FICA WITHHOLDING

The student FICA tax exemption is applied in withholding on wage payments to graduate employees. If a graduate student employee (TA, GSR, etc.) carries six or more units during a given quarter and works less than 80% time, no FICA is deducted. Nonresident aliens on F1 or J1 visas who are pursuing the purpose for which their visa was issued, are exempt from FICA withholdings until they become substantially present in the United States (i.e., qualify as a US tax resident). Should the employee's enrollment drop below the requisite number of units, FICA will begin to be deducted automatically from his/her paycheck. In addition, FICA will be withheld from wages in any month in which the number of days falling inside an instructional period is exceeded by the number of days falling outside of the instructional period; this situation often occurs during September and June.

FINANCIAL AID ELIGIBILITY

Students receiving any form of Financial Aid including Federal Unsubsidized Direct Loans, Federal Graduate PLUS Loans, Federal Perkins Loans, and/or Federal Work-Study funds, who are subsequently eligible for applicable remission benefits, may experience a reduction to one or more of their Federal loans or work-study awards. The reduction will appear on your academic year Electronic Financial Aid Notification (eFAN). You must report this information to the Financial Aid and Scholarships Office as soon as possible to avoid potential billing. Delay in reporting this information may result in you receiving financial aid in excess of your eligibility, which will necessitate that you be billed for funds already received. If you have any questions, please contact them at: https://www.financialaid.ucla.edu/contact-us.

STATEMENT OF UNDERSTANDING

I, the undersigned, have read, understand, and agree to the conditions and benefits set forth for UCLA Academic Apprentice Personnel. I understand that in order to hold an academic apprentice appointment and/or receive fee remissions, I must:

1. Be enrolled in at least 12 units by the end of the third week of the quarter/semester of the appointment (student must remain registered and enrolled in at least 12 units through the end of the quarter/semester of the appointment);
2. Have at least a 3.0 cumulative GPA at the time of appointment;
3. Serve under the tutelage and supervision of regular faculty members;
4. Total length of service in any one or any combination of ASE titles *(includes teaching assistant/associate, fellows, tutors, readers, special readers*) may not exceed four years (12 quarters). By exception only, following advancement to doctoral candidacy, up to 18 quarters. *No exceptions beyond 18 quarters* per APM 410-17c http://www.ucop.edu/academic-personnel/_files/apm/apm-410.pdf;
5. Work a minimum number of hours per quarter (equivalent to 25% time) during applicable appointment period;
6. International graduate students, including permanent residents, have passed the TOP exam prior to being appointed under any teaching title;
7. I am aware that I may be responsible for paying the balance of fees and nonresident supplemental tuition if applicable by the fee payment deadline.

I understand that if I have any other questions regarding university policy and/or academic apprentice appointments, I may contact the Graduate Fellowships and Financial Services Office, or my departmental administrator, for further elaboration.

_____ _____

UID Print Name Signature Date

For Hiring Department Use Only

I, the undersigned, used the Academic Apprentice Hiring Checklist for Departments to verify that the student meets the applicable appointment eligibility requirements below or has received an exception approval prior to offering the appointment. ***Please check all that apply below and enter relevant information.***

_____ _____ _____

Name of Dept. Personnel Administrator **Signature of Dept. Personnel Administrator** **Date**

- ☐ 3.0 cumulative GPA at time of appointment or **[ ]** petition for exception approved
- ☐ TOP requirement met (International Student/Permanent Resident) prior to appointment or **[ ]** petition for exception approved
- ☐ No more than 12 academic quarters in academic student employee titles or **[ ]** petition for exception approved. *Number of quarters in ASE titles* _____
- ☐ ASE hire given UAW Membership Election Form.

UC STUDENT-WORKERS UNION

UAW LOCAL 2865

Membership Election Form

Welcome to your union! UAW Local 2865 is the union chosen by the majority of Readers, Tutors, Teaching Assistants, and Graduate Student Instructors. The Union negotiates contracts with the university administration covering wages, benefits, hours, rights, terms and conditions of employment. This is the form by which you voluntarily accept or decline membership.

AT UC, THE UNION:

- Is run by student employees like you;
- Enables student employees to resolve workplace problems;
- Gives student employees a collective voice in advocating for important issues such as increased wages, rights for international students, and equity and diversity in academia.

BECAUSE UC STUDENT EMPLOYEES FORMED A UNION IN 1999, WE HAVE:

- Increased wages more than 33% compared to student employees outside of the Union.
- Won high quality health insurance at a low cost to student employees.
- Achieved protections from discrimination and harassment in the workplace.
- And gained many more rights and protections.

These rights and protections are only possible because a majority of student employees are dues-paying members of our union. By becoming a member, you increase the strength of the Union, you're able to participate in the Union's decision-making process, and you can run for leadership positions if you choose. You are also doing your part to support the community of student employees at the University of California and building the future of public education.

☐ **I ACCEPT MEMBERSHIP** in UAW Local 2865. I agree to pay a one-time $10 initiation fee and monthly dues, currently 1.44% of my gross pay. I authorize UC to deduct the initiation fee and monthly membership dues from my pay and remit them to the Union. Unless revoked, this authorization is to remain in effect for all periods of time in which I am a UAW member and receiving a paycheck for work performed as a TA, Tutor, Reader, or Graduate Student Instructor.

☐ **I DECLINE MEMBERSHIP** in UAW Local 2865.

NAME (Please print)	SIGNATURE	DATE
MOBILE PHONE	HOME / ALT. PHONE	EMAIL (Non-UC address preferred)
DEPT. EMPLOYED	DEPT. ENROLLED	ASE TITLE (Reader, Tutor, GSI, TA)
OFFICE LOCATION (Building, room #)	PI / RESEARCH GROUP	STUDENT STATUS (MA, UG, Ph.D., etc.)

QUESTIONS?

We are here to help! Visit www.uaw2865.org, email us at uaw2865@uaw2865.org, or give us a call at 510-549-3863. You can learn about your contract here: www.uaw2865.org/resources. Please direct all questions to the Union, not the University. Please return this form to the Union at uaw2865@uaw2865.org, or by handing it in to your hiring administrator.

Computer Science Department
School of Engineering and Applied Science
University of California, Los Angeles

To: All Computer Science Personnel

In case of emergency, contact

Name

Address (Street, City, and State)

Telephone Number Relationship

2nd contact person, if the above not available

Name

Address (Street, City, and State)

Telephone Number Relationship

Signature: _____

Printed Name: _____

Date: _____

Privacy Notification

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 of requesting the information on this form is to provide emergency information. University Policy authorizes maintenance of this information.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form will be transmitted to the state and federal government if required by law.

Individuals have the right of access to this record as it pertains to themselves.

VOLUNTARY SELF-IDENTIFICATION OF RACE, ETHNICITY AND VETERAN STATUS

U5605 (R10/14) University of California Human Resources

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	CAMPUS	DEPARTMENT/ORGANIZATIONAL UNIT	BIRTHDATE		
			MO	DY	YR

INVITATION TO SELF-IDENTIFY RACE AND ETHNICITY

The University of California is a federal contractor and recipient of federal funds subject to affirmative action requirements set forth in Executive Order 11246, as amended. The University's status as a federal contractor obligates it to maintain and analyze certain data with respect to the race and ethnicity of its workforce. In order to comply with these regulations the University requests its employees to voluntarily self-identify their race and ethnicity. The information provided will be kept confidential and used only in ways that are in accordance with federal and state laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

Please answer the question below.

Are you Hispanic or Latino?

☐ **YES, I am Hispanic or Latino**

☐ Mexican/Mexican American/Chicano	(E) – A person of Mexican culture or origin regardless of race.
☐ Latin American/Latino	(5) – A person of Latin American (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin regardless of race.
☐ Other Spanish/Spanish American	(W) – A person of Spanish culture or origin, not included in any of the Hispanic categories listed above.

☐ **NO, I am not Hispanic or Latino**

In addition, select one or more of the following racial categories that best describe you, if applicable.

☐ **AMERICAN INDIAN OR ALASKA NATIVE**	(C) – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
ASIAN	
☐ Chinese/Chinese American	(2) – A person having origins in any of the original peoples of China.
☐ Filipino/Pilipino	(L) – A person having origins in any of the original peoples of the Philippine Islands.
☐ Japanese/Japanese American	(B) – A person having origins in any of the original peoples of Japan.
☐ Korean/Korean American	(K) – A person having origins in any of the original peoples of Korea.
☐ Pakistani/East Indian	(R) – A person having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).
☐ Vietnamese/Vietnamese American	(I) – A person having origins in any of the original peoples of Vietnam.
☐ Other Asian	(X) – A person having origins in any of the original peoples of the Far East or South East Asia (including Cambodia, Malaysia and Thailand).
☐ **BLACK OR AFRICAN AMERICAN**	(A) – A person having origins in any of the Black racial groups of Africa.
☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**	(Z) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.
WHITE	
☐ European	(G) – A person having origins in any of the original peoples of Europe.
☐ Middle Eastern	(J) – A person having origins in any of the original peoples of the Middle East.
☐ North African	(N) – A person having origins in any of the original peoples of North Africa.
☐ White (not specified)	(F) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (region not specified).

INVITATION TO SELF-IDENTIFY VETERAN STATUS

The University of California is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans, 4) Armed Forces service medal veterans; and (5) Vietnam Era Veterans.

OVER ►

RETN: Destroy after data entry pursuant to local procedures

SEE REVERSE FOR PRIVACY NOTIFICATIONS

☐ **I AM NOT A PROTECTED VETERAN. (O)**

☐ **I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF-IDENTIFY THE CLASSIFICATIONS TO WHICH I BELONG. (P)**

I belong to the following classifications of protected veterans (choose all that apply):

☐ **DISABLED VETERAN (S)**

A "disabled veteran" is one of the following:

1. a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or 2. a person who was discharged or released from active duty because of a service-connected disability.

☐ **RECENTLY SEPARATED VETERAN** Please provide separation date _____/_____ (**MM, YY)**

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

☐ **ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN (E)**

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a list of officially recognized campaigns, please visit the U.S. Office of Personnel Management website at http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/#9

☐ **ARMED FORCES SERVICE MEDAL VETERAN (M)**

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

☐ **VIETNAM ERA VETERAN (V)**

Vietnam Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or 2. Was discharged or released from active duty because of a service-connected disability, if any part of such active duty was performed: a. in the republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box above.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

PRIVACY NOTIFICATION STATEMENT (Revised February 22, 2010 for U5605)

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information about themselves.

1. The principal purpose for requesting the information on this form is to comply with the following Federal requirements: (i) Title VII of the Civil Rights Act of 1964, as amended; (ii) Executive Order 11246, as amended; (iii) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended; (iv) Section 503 of the Rehabilitation Act of 1973, as amended; (v) Title IV of the Higher Education Act of 1965, as amended (20usc 1094 (a) (17)); and (vi) Section 490 of the Higher Education Amendments of 1992 (P.L. 102–325), as well as relevant implementing regulations.
2. The information supplied on this form is kept confidential. It is used for required aggregated workforce data reporting to the federal government and for internal workforce statistical analysis, reporting, and outreach. It will be given to government agencies responsible for civil rights laws only when requested, or as otherwise required by law. The aggregated workforce data serves as a tool to the administration of campus equal employment opportunity/affirmative action and human resources programs. The information supplied on this form will be used only as described.
3. Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.
4. Individuals have the right to review their own records in accordance with University personnel policies and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President human resources and academic personnel offices.
5. The University offices responsible for maintaining the information supplied on this form are the UC Human Resources Office and UC Academic Advancement Office, and campus Equal Employment Opportunity and Affirmative Action Offices.

Initial GLACIER Information Form

Department Instructions: Complete this form, provide a copy to the foreign individual, and instruct the foreign individual to use this form when completing their tax status record in GLACIER, an Online Tax Compliance System used by UCLA. Fax a copy of this form to Payroll Services @ (310) 794-8751 (**EXCEPTION: Scholarship/Fellowship Recipients – No Fax needed**)

Foreign Individual Instructions: You will be receiving an email from support@online-tax.net with your Logon ID and Password to Glacier, an Online Tax Compliance System used by UCLA. Within 7 days of the receipt of the email, please log in to Glacier and provide UCLA with your tax information in order to have the proper amount of tax withheld from UCLA payments made to you. After completing your Glacier tax status record, print, review, sign, and date the required tax documents that Glacier creates. Then forward those documents along with any required attachments noted on Tax Summary, to the address indicated on the Tax Summary Report Instructions.

NAME (Print Legibly)	Last	First	Initial
EMAIL ADDRESS			
(If UCLA Employee) Pay Period Frequency (Check one)	☐ Biweekly ☐ Monthly ☐ Other	**UID**	

Relationship with UCLA (Select as many Categories as applicable, but check only one Relationship Type per Category)		**Income Type** (If applicable, select one choice per category)
Category	Relationship Type	
Employee	☐ **Faculty/Staff/Student** ☐ **Postdoctoral Scholar** ☐ **TA/GSR** ☐ **Clinical Appointee**	☐ **Wages/Salary/Bonus** ☐ **Other Income**
Scholarship/Fellowship Recipient	☐ **UCLA Student** ☐ **Post Doctoral Scholar/Visiting Scholar** ☐ **All Others**	☐ **Scholarship/Fellowship: Award** ☐ **Scholarship/Fellowship: Taxable Post doc Benefits** ☐ **Scholarship/Fellowship: Other**
Independent Contractor	☐ **Guest Speaker** ☐ **Artist/Performer/Athlete** ☐ **Consultant/All Others**	☐ **Guest Speaker Fee/Honorarium** ☐ **Consulting Fee/Artistic Performance Fee** ☐ **Other Non-Employee Service Payment**
Royalty Recipient	☐ **Royalty**	☐ **Royalty**
Non-Employee/Others	☐ **Prize or Award Recipient/All Others**	☐ **Prize/Award/Rent Payment** ☐ **Other Payment**
		☐ **No Payment**

	UNIVERSITY OF CALIFORNIA STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT	EMPLOYEE'S NAME (Last, First, Middle Initial)		DATE PREPARED Mo/Dy/Yr
	UPAY585 (R 11/2011) E0420 71443-180	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.

The oath must be administered by either (1) a person having general authority by law to administer oaths—for example, Notaries Public, Civil Executive Officers (Gov. Code Sec. 1001), Judicial Officers, Justices of the Peace, and county officials named in Gov. Code Sections 24000, 24057, 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 2, Calif. Gov. Code Sections 3100-3102.)

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. Gov. Code Sec. 3102.)

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. Gov. Code Sec. 3102.)

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

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. Gov. Code Sec. 3107.)

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. Gov. Code Sec. 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.

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."

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 percentage 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 my obligation to assign, and do hereby assign, inventions and patents that I conceive or develop 1) within the course and scope of my University employment while employed by University, 2) during the course of my utilization of any University research facilities, or 3) through 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 University authorized licensing office. Such inventions shall be examined by the University to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

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 Calif. Labor Code Sec. 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 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.

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 acknowledgment, 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 Calif. Labor Code Sec.2870 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 case retain until age 70.

Other Copies: 0-5 years after separation

Employee/Guest Name (Please print): _____

Employee/Guest Signature: _____ Date:_____

Witness Signature & University Acceptance: _____ Date:_____

PLEASE SIGN STATE OATH AND PATENT ACKNOWLEDGMENT

STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY

UCRS 419 (R9/12) University of California Human Resources

Send completed form to:
UC RASC—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 2012, the maximum monthly reduction in your Social Security benefit as a result of this provision is $383.50. 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