INSTRUCTIONS FOR COMPLETING STAFF HIRING PAPERWORK

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

- **Personal Data Form** – please complete.
- **Voluntary Self-Identification of Race, Ethnicity and Veteran Status** – please complete no signature required.
- **Emergency Contact Form** – please complete.
- **Oath and Patent** – *(Oath signed by US Citizens only)*

**I-9 Requirements email you will receive:**
Please read instructions carefully and complete online

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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!!!!

Computer Science 4/9/19
# PERSONAL DATA FORM

## EMPLOYEE IDENTIFICATION

<table>
<thead>
<tr>
<th>Employee ID #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

## ADDRESS INFORMATION

### Permanent Address Information

<table>
<thead>
<tr>
<th>Street Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Is this address a Foreign address?</td>
<td>Yes</td>
</tr>
<tr>
<td>Province:</td>
<td>Country:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Spouse Name:</td>
</tr>
</tbody>
</table>

### Campus Address Information

<table>
<thead>
<tr>
<th>Room:</th>
<th>Building:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailcode:</th>
<th></th>
</tr>
</thead>
</table>

## DISCLOSURE OF INFORMATION

UC Directory Disclosures (Check Box below for information you DO NOT want listed)

- Permanent Address
- Home Phone
- Spouse Name

Is it OK to release home address to employee organizations? Yes No

## PERSONAL INFORMATION & CITIZENSHIP STATUS

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizen:</td>
<td>Yes (C)</td>
<td>No (Resident of the USA)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visa Status:</th>
<th>Date entered in US:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Stay:</td>
<td>Country of Residency:</td>
</tr>
</tbody>
</table>

## PRIOR EMPLOYMENT

<table>
<thead>
<tr>
<th>Have you worked on campus before?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Dates of Employment: From: To:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Employment Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Contact Phone #:</td>
</tr>
</tbody>
</table>

Employee Signature: Date:
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
  ☐ Latin American/Latino
  ☐ Other Spanish/Hispanic American

☐ 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

☐ ASIAN
  ☐ Chinese/Chinese American
  ☐ Filipino/Pilipino
  ☐ Japanese/Japanese American
  ☐ Korean/Korean American
  ☐ Pakistani/East Indian
  ☐ Vietnamese/Vietnamese American
  ☐ Other Asian

☐ BLACK OR AFRICAN AMERICAN

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

☐ WHITE
  ☐ European
  ☐ Middle Eastern
  ☐ North African
  ☐ White (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.
□ 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 12885. 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 U5655)
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.
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 is 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.

The official responsible for maintaining the information contained on this form is Freda Robinson, Room 4732J, Boelter Hall, University of California, Los Angeles, Los Angeles, California 90024-1396.
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/yr  

Signature of Authorized Official:  

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, Judges, 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 a 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.)

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 of a form of money or equity received under: 1) a license or similar agreement for licensed rights, or 2) a royalty license or similar agreement leading to a license or similar 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.

RETRIEVAL: 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