



**UNIVERSITY OF CALIFORNIA
HASTINGS COLLEGE OF THE LAW**

Personal Data Form

<input type="checkbox"/> Check box if name change	EMPLOYEE NAME (LAST, FIRST, MI)	HCL	EMPLOYEE I.D.	DATE MO DY YR
		DEPARTMENT		H.R. PROGRAM CODE <input type="checkbox"/> S = STAFF A = ACADEMIC
		SUFFIX	PRIOR NAME	

A. TYPE OF ACTION (check appropriate box)

<input type="checkbox"/> EMPLOYMENT (complete all information)	<input type="checkbox"/> DATA CHANGE (complete information to be changed)	<input type="checkbox"/> TERMINATION (complete permanent address)
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B. ADDRESS INFORMATION

LINE 1 - STREET ADDRESS			HOME PHONE		
LINE 2 - STREET ADDRESS			CELL PHONE		OTHER PHONE
CITY	STATE	ZIP	SPOUSE'S NAME		
COMPLETE ONLY IF YOUR MAILING ADDRESS IS OUTSIDE THE U.S.					
FOREIGN PROVINCE, STATE, COUNTY, SHIRE, DISTRICT, REGION					
FOREIGN COUNTRY/ FOREIGN POSTAL CODE					

C. PAYROLL CHECK DISPOSITION (check appropriate box) Automatic Deposit Mail to Address Below

MAIL ADDRESS LINE		
CITY	STATE	ZIP CODE

D. PERSONAL INFORMATION AND CITIZENSHIP STATUS

SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	VISA STATUS	Date entered United States MO DY YR	Intended length of stay	Country of residency
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E. RELATIVES EMPLOYED AT HASTINGS?

F. PRIOR OR CONCURRENT UC/STATE EMPLOYMENT

NO <input type="checkbox"/> YES <input type="checkbox"/>	INDICATE NAME, RELATIONSHIP AND DEPARTMENT	FROM MO DY YR	TO MO DY YR	CAMPUS	DEPARTMET	RETIREMENT SYSTEM
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G. EMERGENCY NOTIFICATION CONTACTS

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

EMPLOYEE SIGNATURE:	DATE:
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