EMPLOYEE DATA GATHERING FORM

Social Security #:	Employee ID:
Last Name, First Name, Middle Name:	
Sex: Male / Female	Date of Birth:

Local Address:_____
(Official UCSB mail)
          City: State: Zip:

Local Phone:	Cell Phone:

Permanent Address:_____
City: State: Zip:

Emergency Contact: Phone:

Are you currently employed by the university? Yes   /   No
If yes: What is the name of the last Department you worked for? _____
If No: Have you worked at UCSB Previously? Yes   /   No
If yes: In the space below, please indicate the name of the last Department you worked for as well as the name of the person in your previous department who processed payroll as well as the phone number and/or email address where we can contact that individual:
_____
Campus Release Codes – Perm Address: Yes / No   Home Phone: Yes / No

Employee Organization Disclosures – Perm Address: Yes / No   Home Phone: Yes / No

Citizenship (circle appropriate letter):
 (C) United States Citizen
 (R) Resident Alien
 (N) Non-Resident Alien, wages subject withholding tax: income reported on Form W-2
 (E) Non-Resident Alien, wages not subject to Federal tax withholding, income reported on Form W-2
 (A) Non-Resident Alien from Canada, Japan, Mexico, or South Korea
 (X) Non-Resident Alien living/working outside the U. S.; wages not subject to Federal and State withholding tax

Student Status Code (circle one):
 (1) Not Registered (2) Not Registered; Graduate Degree Candidate (3) Undergraduate Student (4) Graduate Student
_____
Any Relative Employed by UC or State? Y / N If yes, Name:_____

Relationship:_____Campus/Organization:_____
_____

NO Non-US citizens (except permanent residents) must go to Accounting (located on the 3rd floor of the Student Affairs & Administration Building, SAAB) to fill out a *Statement of Citizenship* form.

Foreign Address Indicator? If yes, complete next line:
Province:_____Country:_____Postal Code:_____

OFFICE USE ONLY:
Hired to Work for:_____
Title Code: Account/Fund: Hourly Rate: