

## STAFF NEW HIRE CHECKLIST

- New Hire Information (for the supervisor to review with employee on the first day)
- New Employee Personal Information
- State Oath of Allegiance/Patent Agreement (UPAY 585)
- Oath
  - a) To be signed by US Citizens only
  - b) Employee must sign on or before the first working day
  - c) Oath is valid if signed within the last 12 months, even with break in service
- Patent
  - a) All employees must sign (Citizens/Non-Citizens)
  - b) Must be signed after every break in service
- Employment Eligibility Verification /Form I-9 (good for 3 yrs)
- UC Employee's Federal-State Withholding Allowance Certificate/W4 **OR:**
- UC Nonresident Alien Employee's Federal-State Withholding Allowance Certificate (W-4)  
(Please refer to <http://afs.ucdavis.edu/systems/glacier/help-e-resources/index.html>)
- Glacier Nonresident Tax Compliance System (all non-US citizens & non-permanent residents are required to access and use this system at <http://afs.ucdavis.edu/systems/glacier/index.html>)
- Pay Disposition Form (UCDPAY)
- Online Earnings Statement Exception Form
- Demographic Data Transmittal (U5606) (Information is confidential and destroyed after use.)
- Statement Concerning Social Security (Student & Limited Term hires only)
- Statement of Citizenship (For non-US Citizens Only)
- Classified Position Description (signed by employee)
- Offer Letter (signed by employee)
- Staff Position Request Form (SPR)
- Employee Application (signed by employee)
- [Notify Employee of Benefits Eligibility](#) (if applicable to the position)
- [New Employee Orientation](#)

Upload documents to:  
[https://ucdavis.app.box.com/  
upload-widget/view/  
ey615daa6mzyvjv2dau5wbkea93e  
jhrn/86408745334](https://ucdavis.app.box.com/upload-widget/view/ey615daa6mzyvjv2dau5wbkea93ejhrn/86408745334)

## **New Hire Information – Career**

### **New Hire Forms**

It is imperative for new employees to complete their new hire documentation immediately and for the Business Operations Center (BOC) to receive that information in a timely manner. Delays to the hire paperwork cause delays in receiving the employee ID and access to critical systems including payroll, benefits and retirement.

### **Employee ID**

Once the hiring forms are returned, the Business Operations Center (BOC) enters the employment information into the payroll system; they will send you your employee's new ID number via e-mail. With this he/she can sign up for e-mail at <http://itcatalog.ucdavis.edu/service/computing-accounts> by clicking on "Get your UC Davis Computing Account."

### **Probationary Period**

As a new University employee, they will serve a six month probationary period. Please review the SPR for the probationary period end date. Download the probationary period report form to be used to record his/her probationary period from: <http://ucanr.edu/sites/anrstaff/files/1101.doc>.

It should be signed at the mid-point (with an evaluation) and the final (with an evaluation) via e-mail to [ANRStaffPersonnel@ucanr.edu](mailto:ANRStaffPersonnel@ucanr.edu) and Mary Roberts at [maroberts@ucanr.edu](mailto:maroberts@ucanr.edu).

Note: Notify your analyst if your hire has had any prior University experience as this may shorten the required probationary period. It can also have an effect on vacation accrual, so proper notice is critical.

### **Background Verification/Fingerprinting**

New employees may be required to undergo fingerprinting (Live Scan) and/or complete a background verification. Information can be found here:

[http://ucanr.org/sites/risk/Background\\_Investigation\\_Manual/](http://ucanr.org/sites/risk/Background_Investigation_Manual/). Costs associated with all aspects of a background check (Fingerprinting and/or Background Verification) are the responsibility of the hiring department.

### **Benefits**

The University of California offers a generous benefits package and you are eligible for participation in UC health benefits and retirement programs in accordance with the benefits eligibility requirements.

Information about UC's benefits programs may be reviewed online at:

<http://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html>. It's important that you review the information soon to be sure you're aware of deadlines to make choices about your benefits.

### **Retirement**

New choices in July 01, 2016 make it critical for your employees to be sure to look through their options here: <http://ucnet.universityofcalifornia.edu/compensation-and-benefits/retirement-benefits/index.html>.

### **Timesheets**

The BOC will let you know when the time sheet is due. Access the timesheet system here:

<https://trs.ucdavis.edu>

## NEW EMPLOYEE INFORMATION

### Personal Information

Employee Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Local Address \_\_\_\_\_ Phone \_\_\_\_\_  
Sex: Male \_\_\_\_ Female \_\_\_\_  
US Citizen? Yes \_\_\_ No \_\_\_  
If not Visa Status \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date Entered US \_\_\_\_\_  
Intended length of stay \_\_\_\_\_ Country of Residency \_\_\_\_\_

### Information Disclosure

 Indicate the information you DO NOT want listed in the UC Directory:

Permanent Address \_\_\_ Home Phone Number \_\_\_ Spouse's Name \_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### UC Student Status

Not Registered \_\_\_ Undergrad \_\_\_ Graduate \_\_\_ Registered Units \_\_\_ Other \_\_\_

### Education

 Please indicate highest degree achieved

No Acad Certificate \_\_\_ HS Equiv \_\_\_ Trade Cert \_\_\_ Assoc \_\_\_ Bach \_\_\_ MS \_\_\_ Prof \_\_\_ Doct \_\_\_  
Year Awarded \_\_\_\_\_ Area of Study University & Location \_\_\_\_\_

### Prior Employment

Have you been employed by UC/State before? Yes \_\_\_ No \_\_\_  
If yes, Campus/Department \_\_\_\_\_ from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_  
Do you have any relatives who are employed by UC? Yes \_\_\_ No \_\_\_  
If yes, name, relationship, campus, department \_\_\_\_\_  
Prior Employment (other than UC or State)? \_\_\_\_\_ from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
Please indicate any foreign languages you read, write, and/or speak (optional) \_\_\_\_\_  
Driver's License Number (if required by job) \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Payroll Information

 To be completed by office manager/assistant

Title Code \_\_\_\_\_ Title \_\_\_\_\_ Salary \_\_\_\_\_ H/A \_\_\_\_\_ Fixed \_\_\_\_\_ Variable \_\_\_\_\_  
Account \_\_\_\_\_ End Date \_\_\_\_\_ Percent Time \_\_\_\_\_  
Account \_\_\_\_\_ End Date \_\_\_\_\_ Percent Time \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

	<b>UNIVERSITY OF CALIFORNIA STATE OATH OF ALLEGIANCE. PATENT POLICY, AND PATENT ACKNOWLEDGMENT</b>	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:** \_\_\_\_\_ Signature of Officer or Employee: \_\_\_\_\_  
 Mo/Dy/Yr  
 Signature of Authorized Official: \_\_\_\_\_ (Do not sign until in the presence of proper witness.)  
 Title: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_

**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**

# UNIVERSITY OF CALIFORNIA PATENT POLICY—October 1, 1997

## I. PREAMBLE

It is the intent of the President of the University of California, in administering intellectual property rights for the public benefit, to encourage and assist members of the faculty, staff, and others associated with the University in the use of the patent system with respect to their discoveries and inventions in a manner that is equitable to all parties involved.

The University recognizes the need for and desirability of encouraging the broad utilization of the results of University research, not only by scholars but also in practical application for the general public benefit, and acknowledges the importance of the patent system in bringing innovative research findings to practical application.

Within the University, innovative research findings often give rise to patentable inventions as fortuitous by-products, even though the research was conducted for the primary purpose of gaining new knowledge. The following University of California Patent Policy is adopted to encourage the practical application of University research for the broad public benefit; to appraise and determine relative rights and equities of all parties concerned; to facilitate patent applications, licensing, and the equitable distribution of royalties, if any; to assist in obtaining funds for research; to provide for the use of invention-related income for the further support of research and education; and to provide a uniform procedure in patent matters when the University has a right or equity.

## II. STATEMENT OF POLICY

A. An agreement to assign inventions and patents to the University, except those resulting from permissible consulting activities without use of University facilities, shall be mandatory for all employees, for persons not employed by the University but who use University research facilities, and for those who receive gift, grant, or contract funds through the University. Such an agreement may be in the form of an acknowledgment of obligation to assign. Exemptions from such agreements to assign may be authorized in those circumstances when the mission of the University is better served by such action, provided that overriding obligations to other parties are met and such exemptions are not inconsistent with other University policies.

B. Those individuals who have so agreed to assign inventions and patents shall promptly report and fully disclose the conception and/or reduction to practice of potentially patentable inventions to the Office of Technology Transfer or authorized licensing office. They shall execute such declarations, assignments, or other documents as may be necessary in the course of invention evaluation, patent prosecution, or protection of patent or analogous property rights, to assure that title in such inventions shall be held by the University or by such other parties designated by the University as may be appropriate under the circumstances. Such circumstances would include, but not be limited to, those situations when there are overriding patent obligations of the University arising from gifts, grants, contracts, or other agreements with outside organizations.

In the absence of overriding obligations to outside sponsors of research, the University may release patent rights to the inventor in those circumstances when:

1. the University elects not to file a patent application and the inventor is prepared to do so, or
2. the equity of the situation clearly indicates such release should be given, provided in either case that no further research or development to develop that invention will be conducted involving University support or facilities, and provided further that a shop right is granted to the University.

C. Subject to restrictions arising from overriding obligations of the University pursuant to gifts, grants, contracts, or other agreements with outside organizations, the University agrees, following said assignment of inventions and patent rights, to pay annually to the named inventor(s), or to the inventor(s)' heirs, successors, or assigns, 35% of the net royalties and fees per invention received by the University. An additional 15% of net royalties and fees per invention shall be allocated for research-related purposes on the inventor's campus or Laboratory. Net royalties are defined as gross royalties and fees, less the costs of patenting, protecting, and preserving patent and related property rights, maintaining patents, the licensing of patent and related property rights, and such other costs, taxes, or reimbursements as may be necessary or required by law.

Inventor shares paid to University employees pursuant to this paragraph

represent an employee benefit. When there are two or more inventors, each inventor shall share equally in the inventor's share of royalties, unless all inventors previously have agreed in writing to a different distribution of such share.

Distribution of the inventor's share of royalties shall be made annually in November from the amount received during the previous fiscal year ending June 30th, except as provided for in Section II.D. below. In the event of any litigation, actual or imminent, or any other action to protect patent rights, the University may withhold distribution and impound royalties until resolution of the matter.

D. The DOE Laboratories may establish separate royalty distribution formulas, subject to approval by the President. Distribution of the inventor's share of DOE Laboratory royalties shall be made annually in February from the amount received during the previous fiscal year ending September 30th. All other elements of this policy shall continue to apply.

E. Equity received by the University in licensing transactions, whether in the form of stock or any other instrument conveying ownership interest in a corporation, shall be distributed in accordance with the Policy on Accepting Equity When Licensing University Technology.

F. In the disposition of any net income accruing to the University from patents, first consideration shall be given to the support of research.

## III. PATENT RESPONSIBILITIES AND ADMINISTRATION

A. Pursuant to Regents' Standing Order 100.4(mm), the President has responsibility for all matters relating to patents in which the University of California is in any way concerned. This policy is an exercise of that responsibility, and the President may make changes to any part of this policy from time to time, including the percentage of net royalties paid to inventors.

B. The President is advised on such matters by the Technology Transfer Advisory Committee (TTAC), which is chaired by the Senior Vice President—Business and Finance. The membership of TTAC includes the Provost and Senior Vice President—Academic Affairs, the Director of the Office of Technology Transfer, and representatives from the campuses, DOE Laboratories, Academic Senate, the Division of Agriculture and Natural Resources and the Office of the General Counsel. TTAC is responsible for:

1. Reviewing and proposing University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products;
2. Reviewing the administration of intellectual property operations to ensure consistent application of policy and effective progress toward program objectives; and
3. Advising the President on related matters as requested.

C. The Senior Vice President—Business and Finance is responsible for implementation of this Policy, including the following:

1. Evaluating inventions and discoveries for patentability, as well as scientific merit and practical application, and requesting the filing and prosecution of patent applications.
2. Evaluating the patent or analogous property rights or equities held by the University in an invention, and negotiating agreements with cooperating organizations, if any, with respect to such rights or equities.
3. Negotiating licenses and license option agreements with other parties concerning patent and or analogous property rights held by the University.
4. Directing and arranging for the collection and appropriate distribution of royalties and fees.
5. Assisting University officers in negotiating agreements with cooperating organizations concerning prospective rights to patentable inventions or discoveries made as a result of research carried out under gifts, grants, contracts, or other agreements to be funded in whole or in part by such cooperating organizations, and negotiating with Federal agencies regarding the disposition of patent rights.
6. Approving exceptions from the agreement to assign inventions and patents to the University as required by Section II.A. above.
7. Approving exemptions to University policy on intellectual property matters including patents, copyrights, trademarks, and tangible research products.



FOR INSTRUCTIONS ON COMPLETING THIS FORM, SEE THE BACK OF THIS PAGE.

PLEASE PRINT

NAME (Last, First, Middle)	EMPLOYEE NUMBER	MO	DATE PREPARED DY	YR
Home Address (number and street or rural route)	SOCIAL SECURITY NUMBER	MO	BIRTHDATE DY	YR
City or Town, State, and ZIP code	If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a replacement card ..... <input type="checkbox"/>			

**I. FEDERAL TAX FILING STATUS AND ALLOWANCES**

(Note: If married filing separately, check "Married, but withhold at higher Single rate.")

1. **Marital Status** Enter only one code S, Single or Married but withhold at higher single rate in box to far right: M, Married Persons (one income)

2. **Personal Allowances - Total number of allowances you are claiming** (from the applicable worksheet on the following pages). If you are claiming exemption from Federal tax withholding, complete Section III, below.

3. Additional amount, if any, you want withheld from each paycheck

**II. STATE TAX FILING STATUS AND ALLOWANCES**

1. **Marital Status** Enter only one code in box to far right: S, Single or Married but with two or more incomes; M, Married Persons (one income); H, Head of Household

2. **Regular Withholding Allowances - Number of allowances you are claiming for this job from Worksheet A, Regular Withholding Allowances (see DE 4 worksheets).**  
OR If you are exempt from California income tax withholding because you are a nonresident of the State of California and are earning compensation while located outside the State, enter 997 in the box to the far right. Complete and attach the Out of State Withholding form, UPAY 830.

3. **Additional Withholding Allowances**-Number of allowances from Worksheet B, Estimated Deductions (see DE 4 worksheets).

**III. EXEMPTION FROM TAX WITHHOLDING (NONRESIDENT ALIENS-DO NOT COMPLETE THIS SECTION)**

I claim exemption from Federal and State withholding for 2019 and I certify that I meet BOTH of the following conditions for exemption:

1. Last year I had a right to a refund of **ALL** Federal income tax withheld because I had NO tax liability; **AND**

2. This year I expect a refund of **ALL** Federal income tax withheld because I expect to have NO tax liability. (If you claim exemption from withholding, it will automatically expire on February 15 of next year unless you file a new UC W-4/DE 4 on or before February 15 of next year.

	FED 998	STATE 998
If you meet BOTH conditions, enter "EXEMPT" in first box to the right		

3. I certify under penalty of perjury that I am not subject to California withholding because I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. ( See page 2 of DE4 ) Write "California Exempt" in first box to right.

DO NOT COMPLETE SHADED AREAS

**IV. ADDITIONAL TAX WITHHOLDING** Additional amount, if any, you want deducted each month. Completion of this section is optional.

**NONRESIDENT ALIENS—REFER TO INSTRUCTIONS ON NEXT PAGE.**

1. **ADDITIONAL FEDERAL TAX WITHHOLDING** (Enter additional MONTHLY amount in the box to the right OR to Cancel additional amount, enter "\*" in the box to the right.)  
Check Appropriate Box:  NEW  CHANGE  CANCEL \$

2. **ADDITIONAL STATE TAX WITHHOLDING** (Enter additional MONTHLY amount in the box to the right OR to Cancel additional amount, enter "\*" in the box to the right.)  
Check Appropriate Box:  NEW  CHANGE  CANCEL \$

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

**CERTIFICATION:** Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status. I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Form is not valid unless you sign it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER: COMPLETE IF SENDING TO CALIFORNIA FRANCHISE TAX BOARD**

Employer's Name and Address	Office Code	Employer Identification Number
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## INSTRUCTION SHEET FOR UC W-4/DE 4 FORM

### PURPOSE:

The purpose of the UC W-4/DE 4 form is to enter your personal income tax withholding status into the University payroll system so that the appropriate amounts of Federal and State taxes can be withheld from your pay. Whenever your personal income tax withholding status changes, submit a new UC W-4/DE 4 form. For example, if you wish to change your personal income tax withholding status effective on the first day of a new tax year, a new UC W-4/DE 4 form must be submitted prior to January 1. Local payroll deadline dates apply.

### INSTRUCTIONS:

Complete the information requested in the boxes at the top of the form. Use the attached Internal Revenue Service Instructions for Form W-4 and the [State of California Employee's Withholding Allowance Certificate \(Form DE 4\) Instructions](#) to calculate your withholding allowances. Transfer your number of Federal allowances from the Federal Form W-4 to Section I, box 2. Transfer your number of State allowances from the State Form DE 4 to Section II, boxes 2 and 3. Complete the rest of the form if applicable. Sign and date the form and submit it to the appropriate University office. **KEEP THE ATTACHED FEDERAL AND STATE INSTRUCTIONS AND WORKSHEETS FOR YOUR REFERENCE.**

If you are earning compensation while located in a State other than California, complete and attach the Out-of-State Withholding form, UPAY 830. This form is available in your department or Payroll Office.

If you claim exemption from withholding in Section III, you must meet both conditions specified. **The exemption will automatically expire on February 15 of the next year unless you file a new UC W-4/DE 4 before February 15 of the next year.**

If you authorize additional Federal and/or State tax withholding in Section IV, this authorization will continue to be in effect until you submit a new UC W-4/DE 4 to change or cancel the deduction.

### NONRESIDENT ALIENS:

The UC W-4NR/DE 4 form is designed for the exclusive use of nonresident alien individuals who are employed in the United States. The form contains special instructions that are helpful in determining whether a nonresident alien can claim additional withholding allowances. This form is available in your department or Payroll Office

### PRIVACY NOTIFICATIONS

**STATE** The State of California Information practices act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding of taxes, benefits administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory -- failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out, and will result in your being treated as a single person who claims no withholding allowances. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on these policies can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are campus and Office of the President Staff and Academic Personnel Managers or campus Accounting Officers.

**FEDERAL** Please refer to the Privacy Act and Paperwork Reduction Act Notice that appears in the attached instructions provided by the IRS to the IRS Form W-4.

# 2019 UC W-4/DE 4

**Purpose.** Complete Form UC W-4/DE 4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form UC W-4/DE 4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had no tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** Section III and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See [Pub. 505](#), Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income subject to withholding outside of your job. After your Form UC W-4/DE 4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for the UC W-4/DE 4.

Note that if have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see [Pub. 505](#) or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find

out if you should adjust your withholding on Form W-4/DE 4.

**Nonresident alien.** If you're a nonresident alien, see [Notice 1392](#), Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions Personal Allowances Worksheet

Complete this worksheet below first to determine the number of withholding allowances to claim.

### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See [Pub. 501](#) for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see [Pub. 972](#) Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on Line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see [Pub. 972](#). To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see [Pub. 970](#)). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in [Pub. 505](#) if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form UC W-4/DE 4.

## Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on Part I Line 1 and Part IV Line 1 on the UC W-4/DE 4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See [Pub. 505](#) for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form UC W-4/DE 4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

## Instructions for Employer Employees do not complete Employer Section at the bottom of the Form UC W-4/DE 4. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use the Employer Section at the bottom of Form UC W-4/DE 4 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed UC Form W-4/DE 4. For information and links to each designated State Directory of New Hires, go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

### Personal Allowances Worksheet (Keep for your records)

**A** Enter "1" for yourself ..... **A** \_\_\_\_\_

**B** Enter "1" if you will file as married filing jointly ..... **B** \_\_\_\_\_

**C** Enter "1" if you will file as head of household ..... **C** \_\_\_\_\_

**D** Enter "1" if: {

- You're single, or married filing separately, and have only one job; or
- You're married filing jointly, have only one job, and your spouse doesn't work; or .....
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less

**D** \_\_\_\_\_

**E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
- If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
- If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
- If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" .....

**E** \_\_\_\_\_

**F Credit for other dependents.** See Pub. 972, Child Tax Credit for more information.

- If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
- If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
- If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" .....

**F** \_\_\_\_\_

**G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F ..... **G** \_\_\_\_\_

**H** Add lines A through G and enter the total here ..... **H** \_\_\_\_\_

{

For accuracy, **Complete all worksheets apply**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of UCW-4/DE 4 above.

}

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

**1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details ..... **1** \$ \_\_\_\_\_

**2** Enter: {

- \$24,400 if you're married filing jointly or qualifying widow(er)
- \$18,350 if you're head of household .....
- \$12,200 if you're single or married filing separately

**2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" ..... **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) ..... **4** \$ \_\_\_\_\_

**5** Add lines 3 and 4 and enter the total ..... **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) ..... **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses ..... **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction ..... **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, above ..... **9** \_\_\_\_\_

**10** Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that Worksheet on page 5. Otherwise, **stop here** and enter this total on Form W-4/DE 4 ..... **10** \_\_\_\_\_

## Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) ..... **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" ..... **2** \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet ..... **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet ..... **4** \_\_\_\_\_
  - 5 Enter the number from line 2 of this worksheet ..... **5** \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 ..... **6** \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here ..... **7** \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed ..... **8** \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on UC Form W-4/DE 4, Section I, Line 3, page 1. This is the additional amount to be withheld from each paycheck ..... **9** \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>Lowest</b> paying job are -	Enter on Line 2 above	If wages from <b>Lowest</b> paying job are -	Enter on line 2 above	If wages from <b>Highest</b> paying job are -	Enter on Line 7 above	If wages from <b>Highest</b> paying job are -	Enter on Line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on the individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**State of California**

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

**\* Use this sheet for STATE instructions and worksheets.  
Complete the UC W-4/DE 4 as directed.**

**YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM**

*IF YOU RELY ON THE FEDERAL W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.*

**PURPOSE:** This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables.

**If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

**CHECK YOUR WITHHOLDING:** After your UC W-4/DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete Section III of the UC W-4/DE 4. Do not complete Section I, Box 2; Section II, Boxes 2 or 3; or Section IV. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new UC W-4/DE 4 must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to submit a new UC W-4/DE 4 by December 1.



**INSTRUCTIONS – 1 – ALLOWANCES \*– for Section II, Box 2, of the UC W-4/DE 4.**

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Are you going to itemize your deductions?
- Do you have more than one income coming into the household?

**TWO-EARNER/MULTIPLE INCOMES:** When earnings are derived from more than one source, under withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or W-4 filed for the highest paying job and zero allowances are claimed for the others.

**MARRIED BUT NOT LIVING WITH YOUR SPOUSE:** You may check the "Head of Household" marital status box if you meet all of the following tests:

- 1) Your spouse will not live with you at any time during the year;
- 2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- 3) You will file a separate return for the year.

**HEAD OF HOUSEHOLD:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

**WORKSHEET A**

**REGULAR WITHHOLDING ALLOWANCES**

(A) Allowance for yourself — enter 1.....	(A) _____
(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1.....	(B) _____
(C) Allowance for blindness — yourself — enter 1.....	(C) _____
(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1.....	(D) _____
(E) Allowance(s) for dependent(s) — do not include yourself or your spouse.....	(E) _____
(F) Total – add lines (A) through (E).....	(F) _____

**INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES – for Section II, Box 3, of the UC W-4/DE 4.**

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB 540 form as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

**WORKSHEET B**

**ESTIMATED DEDUCTIONS**

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB 540 form.....	1. _____
2. Enter \$8,802 if married filing joint with two or more allowances, unmarried head of household or qualifying widow(er) with dependent(s) or \$4,401 if single or married filing separately, dual income married, or married with multiple employers.....	- 2. _____
3. Subtract line 2 from line 1, enter difference.....	= 3. _____
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits).....	+ 4. _____
5. Add line 4 to line 3, enter sum.....	= 5. _____
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts).....	- 6. _____
7. If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference.....	= 7. _____
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number..... Enter this number here and in Section II, Box 3, of the UC W-4/DE 4. Complete Worksheet C, if needed.	8. _____
9. If line 6 is greater than line 5: Enter amount from line 6 (nonwage income).....	9. _____
10. Enter amount from line 5 (deductions).....	10. _____
11. Subtract line 10 from line 9, enter difference.....	11. _____

**Complete Worksheet C**

\* Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California Personal Income Tax (PIT) withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886

**WORKSHEET C – for Section IV, Box 2, of the UC W-4/DE 4. TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2019 ..... 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B) ..... 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum ..... 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) ..... 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B) ..... 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum ..... 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference ..... 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2019 tax rate schedules below ..... 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$129.80) ..... 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference ..... 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540) ..... 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability ..... 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2019. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2019. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2019 ..... 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld ..... 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure here and in Section IV, Box 2 of the UC W-4/DE 4 ..... 15. \_\_\_\_\_

**NOTE:** Your employer is not required to withhold the additional amount requested in Section IV, Box 2, of the UC W-4/DE-4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

**THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2019 ONLY**

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS	
\$0	\$8,544	1.100%	\$0	\$0.00
\$8,544	\$20,255	2.200%	\$8,544	\$93.98
\$20,255	\$31,969	4.400%	\$20,255	\$351.62
\$31,969	\$44,377	6.600%	\$31,969	\$867.04
\$44,377	\$56,085	8.800%	\$44,377	\$1,685.97
\$56,085	\$286,492	10.230%	\$56,085	\$2,716.27
\$286,492	\$343,788	11.330%	\$286,492	\$26,286.91
\$343,788	\$572,980	12.430%	\$343,788	\$32,778.55
\$572,980	\$1,000,000	13.530%	\$572,980	\$61,267.12
\$1,000,000	and over	14.630%	\$1,000,000	\$119,042.93

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS	
\$0	\$17,088	1.100%	\$0	\$0.00
\$17,088	\$40,510	2.200%	\$17,088	\$187.97
\$40,510	\$63,938	4.400%	\$40,510	\$703.25
\$63,938	\$88,754	6.600%	\$63,938	\$1,734.08
\$88,754	\$112,170	8.800%	\$88,754	\$3,371.94
\$112,170	\$572,984	10.230%	\$112,170	\$5,432.55
\$572,984	\$687,576	11.330%	\$572,984	\$52,573.82
\$687,576	\$1,000,000	12.430%	\$687,576	\$65,557.09
\$1,000,000	\$1,145,961	13.530%	\$1,000,000	\$104,391.39
\$1,145,961	and over	14.630%	\$1,145,961	\$124,139.90

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		THE COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS	
\$0	\$17,099	1.100%	\$0	\$0.00
\$17,099	\$40,512	2.200%	\$17,099	\$188.09
\$40,512	\$52,224	4.400%	\$40,512	\$703.18
\$52,224	\$64,632	6.600%	\$52,224	\$1,218.51
\$64,632	\$76,343	8.800%	\$64,632	\$2,037.44
\$76,343	\$389,627	10.230%	\$76,343	\$3,068.01
\$389,627	\$467,553	11.330%	\$389,627	\$35,116.96
\$467,553	\$779,253	12.430%	\$467,553	\$43,945.98
\$779,253	\$1,000,000	13.530%	\$779,253	\$82,690.29
\$1,000,000	and over	14.630%	\$1,000,000	\$112,557.36

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)  
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES  
(Not Toll Free) (916) 845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

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

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

Use this form to comply with the Social Security Protection Act of 2004, Section 419(c) of Public Law 108–203, which requires employers to provide a written notice to any individual being employed in a position that is not covered by Social Security on or after January 1, 2005. This form explains how not being subject to Social Security may affect future Social Security benefits to which these individuals may become entitled. **This form must be signed by the employee no later than the first day of work, as explained further below.**

## WHERE TO OBTAIN THIS FORM

Hiring authorities/those responsible for processing new hires may download the form online from the “Forms and Publications” section of the UC At Your Service website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)).

## WHO MUST SIGN THE FORM

Ensure that all new hires in the following categories complete and sign the form:

- **Safety personnel covered by the UC Retirement Plan for Safety Members (police and fire fighters)**
- **Other UC Retirement Plan Members who are exempt from paying Social Security**
  - Nonresident aliens living and working outside the U.S.
  - Nonresident aliens exempt from Social Security because of an F-1 or J-1 visa status
  - Nonresident aliens whose wages are subject to taxes or contributions under the social security system of a foreign country with which the U.S. has a totalization agreement
- **All Defined Contribution Plan Safe Harbor Employees**
  - Part-time, seasonal, and temporary employees who are not covered by Social Security
  - Non-exempt UC student employees who do not satisfy certain course load requirements
  - Resident aliens with F-1 and J-1 visa status
- **Employees who do not contribute to a retirement system who are not covered by Social Security**
  - Exempt UC student employees who do satisfy certain course load requirements
  - Nonresident aliens living and working outside the U.S.
  - Nonresident aliens exempt from Social Security because of an F-1 or J-1 visa status
  - Nonresident aliens whose wages are subject to taxes or contributions under the social security system of a foreign country with which the U.S. has a totalization agreement

## FORM COMPLETION DEADLINE

Employees in the above categories must receive, sign, and return the form to the departmental representative or hiring authority before beginning work, and no later than the beginning of the first day of work.

**Note:** An employee must complete the form **each time** he or she is newly hired or rehired in a new appointment in one of the above categories. Thus, a part-time student employee who leaves a job during summer break but is rehired into that or another job in one of the above categories in the fall must sign another form in the fall, etc.

## COMPLETING THE FORM

Ensure that all entries in item #1, “Employee & University Information,” are completed, and that the employee has signed and dated the form.

## DISTRIBUTION OF SIGNED FORM

**REQUIRED:** Within 30 days after the form is signed, send signed form to:

UC RASC—Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570

**RECOMMENDED:** Give a photocopy of the form to the employee.

**OPTIONAL:** Retain a photocopy of the form in the employee’s personnel file.

**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](http://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
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## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.



# University of California, Davis

## Pay Disposition Form

UCDPAY 1 (06/02)

<b>Employee Name:</b> (Last, First, M.I.)	<b>Employee ID No.</b> (4-12)	<b>Effective Date:</b> (13-18)
<b>Actual Home Department Name:</b>		

Please Select One of the Following Options:

<input type="checkbox"/> <b>SUREPAY DIRECT DEPOSIT</b>  <b>Check One:</b> <input type="checkbox"/> Checking Account  <b>OR</b> <input type="checkbox"/> Savings Account	<p>I choose to have my pay directly deposited to my account at the financial institution indicated below:</p> <p><b>Financial Institution Name:</b> _____</p> <p><b>Branch Name:</b> _____ <b>Account No.:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p>With the selection of SUREPAY, I authorize the University of California, Davis to initiate credits and/or debits to my account. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. I understand that debit transactions are limited to reductions for University salary overpayments and to respond to mandatory court orders. Debits may not be initiated after the pay dates, and the result of the credit less the debit will be the net pay to which I am entitled and will be no different from the net amount I would have received had the SUREPAY method not been selected and a payroll check had been printed.</p> <p><b>Date:</b> _____ <b>Signed:</b> _____ <b>Phone:</b> _____</p> <p><b>EFFECTIVE DATE:</b> SUREPAY will be effective approximately <b>30 days</b> from the date this form is received by the Accounting Office, Payroll Division. This waiting period is used by the banking system for your safety to verify your account information with your financial institution. Any paychecks issued to you during this waiting period will be sent to your earnings statement address as indicated below.</p> <p><b>EARNINGS STATEMENT:</b> An earnings statement indicating payroll information will be sent in a sealed envelope before each pay day to your home department. If you work at another location and prefer to receive your earnings statement there, please indicate:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <b>Alternate Department:</b> (six digit department code)         </div>
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PLEASE ATTACH A VOIDED CHECK HERE

### FOR ACCOUNTING OFFICE USE ONLY

T.C. (1-2)	Dispo (19)	Bank Table (20-24)	Bank Account Number (25-41)	C/S (42)	Ind. (43)	Alternate Home Dept. Code (44-49) (six digit department code)
<b>SP</b>	<b>8</b>				<b>1</b>	

<input type="checkbox"/> <b>CHECK ISSUANCE</b>  <b>Campus/UCDMC Mail</b>  <small>FedEx will be used to distribute payroll checks to distant University locations, e.g., Field stations, the Bodega Marine Laboratory Facility, etc.</small>	<p>I choose to receive my payroll check in a sealed envelope at my home department or at the following alternative department if indicated:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <b>Alternate Department:</b> (six digit department code)         </div> <p><b>Signed:</b> _____</p> <p><b>Date:</b> _____</p>
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### FOR ACCOUNTING OFFICE USE ONLY

T.C. (1-2)	Di spo (19)	Alternate Home Dept. Code (44-49) (six digit department code)
<b>PD</b>		

<input type="checkbox"/> <b>CHECK ISSUANCE</b>  <b>U.S. MAIL</b>  <small>This payroll check address is not used for W2 or other mailing purposes. You must submit a PDF Form, UPAY 544, to change your permanent home address.</small>  <small>You may indicate a bank address here, but the deposit will not be as timely as SUREPAY.</small>	<p>I choose to receive my payroll check through the U.S. Mail at the address specified below. <b>I understand that the Accounting Office, Payroll Division will not replace payroll checks lost or delayed by the U.S. Post Office within eight working days following payday. **Available for employees with off-site work locations only.</b></p>
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### ACCOUNTING USE ONLY

<b>T.C.</b> (1-2)		<b>T.C.</b> (1-2)	<b>Dispo</b> (19)
<b>P6</b>	PAYROLL CHECK ADDRESS LINE 1 (19-48)	<b>PD</b>	
<b>T.C.</b> (1-2)	PAYROLL CHECK ADDRESS LINE 2 (49-78)		
<b>P7</b>	CITY (19-39)	STATE (40-41)	ZIP CODE (42-50)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send signed original to: Payroll Division



# UNIVERSITY OF CALIFORNIA - DAVIS

## ONLINE EARNINGS STATEMENT EXCEPTION FORM

PRINT NAME (Last, First, Middle Int.)	EMPLOYEE ID
HOME DEPARTMENT	CAMPUS PHONE

The University of California Davis provides the Direct Deposit Earnings Statement for our employees online at the At Your Service website (AYSO).

This form is **only** to be completed if you are requesting to receive a paper Direct Deposit Earnings Statement OR you are cancelling a previous request for a paper Direct Deposit Statement and now want to view your statement online.

**Please select one of the following options:**

- I wish to receive a paper earnings statement.
- I wish to cancel my previous election of paper earnings statement and view my direct deposit statements online at At Your Service Online (AYSO).

**Option may take up to two pay periods before in effect.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

Please submit the completed form to the Payroll Services Office or fax to (530) 757-8597.

**Physical location:**

1441 Research Park Drive  
Davis, CA

**Mailing address:**

University of California Davis  
Payroll Services  
One Shields Avenue  
Davis, CA 95616

**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 ►**

**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.

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**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.

## UC ANR List of Position Titles per Bargaining/ Personnel Unit

### AFSCME (SX):

5116 CUSTODIAN SR  
5117 CUSTODIAN  
8133 GROUNDSKEEPER  
8148 FARM MAINT WORKER SR  
8149 FARM MAINT WORKER  
8212 BLDG MAINT WORKER SR  
8213 BLDG MAINT WORKER  
8522 FARM MACH MECH SR  
8523 FARM MACH MECH  
8524 FARM MACH MECH AST  
8540 AGRICULTURAL TCHN PRN  
8541 AGRICULTURAL TCHN SR  
8542 AGRICULTURAL TCHN  
8543 FARM LABORER  
8544 FARM SEASONAL WORKER PD  
9606 LAB HELPER

### Teamsters (CX):

4722 BLANK AST 3  
4723 BLANK AST 2  
4724 BLANK AST 1  
6759 LIBRARY AST 4

### UPTE (RX):

9611 SRA 3  
9612 SRA 2  
9613 SRA 1  
9617 SRA 2 NEX

### UPTE (TX):

4804 COMPUTER RESC SPEC 2  
6102 ARTIST SR  
6112 ILLUSTRATOR SR  
6213 PRODUCER DIR SR  
9524 ANML TCHN SR  
9536 ANML HEALTH TCHN 2  
9602 LAB AST 3  
9603 LAB AST 2  
9605 LAB AST 1

**Non-Represented (99):**

4010 WRITTEN COMM SUPV 2  
4017 WRITER EDITOR 3  
4018 WRITER EDITOR 4  
4163 TRAINER 3  
4627 FINANCIAL SVC ANL 2  
4630 FINANCIAL SVC SUPV 1  
4634 EEO REPR 3  
4919 STDT 4  
4921 STDT 2  
4954 STDT 4 ANR  
4955 STDT 3 ANR  
4956 STDT 2 ANR  
5044 SKLD CRAFTS AND TRADES SUPV 2  
5187 CUSTODIAL SUPV 1  
5194 FAC MGT SPEC 2  
5195 FAC MGT SPEC 3  
5834 CMTY EDUC SPEC 4  
5836 CMTY EDUC SUPV 2  
5837 CMTY EDUC SUPV 1  
5838 CMTY EDUC SPEC 3  
5839 CMTY EDUC SPEC 2  
5840 CMTY EDUC SPEC 1  
6205 RSCH ADM 2  
6206 RSCH ADM 3  
6207 RSCH ADM 4  
6240 FIELD RSCH SUPV 1  
6256 RSCH DATA ANL 2  
6257 RSCH DATA ANL 3  
6290 EVENTS SPEC 1  
6291 EVENTS SPEC 2  
6295 EVENTS SUPV 2  
6300 ALUMNI EXTERNAL REL SPEC 4  
7077 FAC PROJECT MGT SPEC 2  
7078 FAC PROJECT MGT SPEC 3  
7144 EHS SPEC 1 NEX  
7145 EHS SPEC 2 NEX  
7146 EHS SPEC 3  
7177 DATABASE ADM 3  
7198 DATA SYS ANL 2  
7202 ENTERPRISE RISK MGT ANL 1  
7298 APPLICATIONS PROGR 1  
7300 APPLICATIONS PROGR 3  
7303 SYS ADM 2  
7304 SYS ADM 3  
7308 INFO SYS ANL 2

7327 GEOGRAPHIC INFO SYS PROGR 3  
7328 GEOGRAPHIC INFO SYS PROGR 2  
7376 ADMIN OFCR 2  
7377 ADMIN OFCR 3  
7378 ADMIN OFCR 4  
7384 EXEC AST 3  
7394 ORGANIZATIONAL CNSLT 3  
7397 PROJECT POLICY ANL 2  
7398 PROJECT POLICY ANL 3  
7399 PROJECT POLICY ANL 4  
7455 DIGITAL COMM SPEC 3  
7459 PUBLICATIONS PROD SPEC 4  
7460 MEDIA COMM SPEC 1  
7461 MEDIA COMM SPEC 2  
7477 COMM SPEC 3  
7546 FUNDRAISER 2 NEX  
7555 MARKETING SPEC 4  
7566 COMM AND NETWORK TCHL ANL 3  
7595 HR GENERALIST 2  
7596 HR GENERALIST 3  
7708 FINANCIAL ANL 2  
7709 FINANCIAL ANL 3  
7710 FINANCIAL ANL 4  
7714 ACAD HR ANL 2  
7715 ACAD HR ANL 3  
8370 PHYS PLT MECH 2  
8878 AGRICULTURE SUPV 2  
8879 AGRICULTURE SUPV 1  
9920 STDT VOLUNTEER



**COMPENSATORY TIME OFF AGREEMENT - JUNE 2018 ELECTION  
CLERICAL AND ALLIED SERVICES UNIT (CX)**

The department has decided to offer employees the choice of being compensated for any overtime hours they work either by cash or by Compensatory Time Off (CTO). In accordance with the Article 10 - Hours of Work, Section L – Overtime, Paragraph 3 - Compensation of Overtime, of the current contract for the Clerical and Allied Services (CX) Unit, you can enter into this written agreement which will expire the following June 30, 2019 by signing below. As stated in the Contract, your decision on compensation for overtime will be renewed each June until such time that the Department opts to discontinue using CTO as a method of compensation for overtime.

*If you choose to decline the offer to receive CTO as compensation for overtime for any and all compensable overtime hours you work, you will receive monetary compensation. The Department shall grant the preference indicated.*

Please indicate your agreement to receive CTO as compensation for overtime for any and all compensable overtime hours you work. Compensable overtime hours are defined in Article 10 - Hours of Work, Section K – Overtime, Paragraph 1 - Definition.

I, **[Employee Name]**, agree to receive CTO as stated above.

_____ Print Employee Name	_____ Employee Signature	_____ Date
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I, **[Employee Name]**, decline the offer to receive CTO as stated above.

_____ Print Employee Name	_____ Employee Signature	_____ Date
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Supervisor or other Department Representative:

_____ Print Supervisor Name	_____ Supervisor Signature	_____ Date
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Department Chair/Director or Designee as needed:

_____ Print Dept Chair Name	_____ Dept Chair Signature	_____ Date
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cc: Original - Employee Personnel File  
Copy - Employee  
Copy - Supervisor  
Copy – Human Resources

**COMPENSATORY TIME OFF AGREEMENT - JUNE 2018 ELECTION  
RESEARCH SUPPORT PROFESSIONALS UNIT (RX)**

The department has decided to offer employees the choice of being compensated for any overtime hours they work either by cash or by Compensatory Time Off (CTO). In accordance with the Article 13 - Hours of Work, Section B.8 – Overtime Compensation, of the current contract for the Research Support Professionals (RX) Unit, you can enter into this written agreement which will expire the following June 30, 2019 by signing below. As stated in the Contract, your decision on compensation for overtime will be renewed each June until such time that the Department opts to discontinue using CTO as a method of compensation for overtime.

*If you choose to decline the offer to receive CTO as compensation for overtime for any and all compensable overtime hours you work, you will receive monetary compensation. The Department shall grant the preference indicated.*

Please indicate your agreement to receive CTO as compensation for overtime for any and all compensable overtime hours you work. Compensable overtime hours are defined in Article 13 - Hours of Work, Section B.7 - Overtime Definition.

- I, **[Employee Name]**, agree to receive CTO as stated above.

_____ Print Employee Name	_____ Employee Signature	_____ Date
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- I, **[Employee Name]**, decline the offer to receive CTO as stated above.

_____ Print Employee Name	_____ Employee Signature	_____ Date
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Supervisor or other Department Representative

_____ Print Supervisor Name	_____ Print Supervisor Signature	_____ Date
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Department Chair/Director or Designee

_____ Print Dept Chair Name	_____ Dept Chair Signature	_____ Date
--------------------------------	-------------------------------	---------------

cc: Original – Employee Personnel File  
Copy - Employee  
Copy – Supervisor  
Copy - Division-Department/Director or Designee

**COMPENSATORY TIME OFF AGREEMENT – JUNE 2018 ELECTION  
TECHNICAL UNIT (TX)**

The department has decided to offer employees the choice of being compensated for any overtime hours they work either by cash or by Compensatory Time Off (CTO). In accordance with the Article 13 - Hours of Work, Section J – Overtime, Paragraph 3 - Compensation of Overtime, of the current contract for the Technical (TX) Unit, you can enter into this written agreement which will expire the following June 30, 2019 by signing below. As stated in the Contract, your decision on compensation for overtime will be renewed each June until such time that the Department opts to discontinue using CTO as a method of compensation for overtime.

*If you choose to decline the offer to receive CTO as compensation for overtime for any and all compensable overtime hours you work, you will receive monetary compensation. The Department shall grant the preference indicated.*

Please indicate your agreement to receive CTO as compensation for overtime for any and all compensable overtime hours you work. Compensable overtime hours are defined in Article 13 - Hours of Work, Section J – Overtime, Paragraph 1 - Definition.

I, **[Employee Name]**, agree to receive CTO as stated above.

Print Name	Signature	Date
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I, **[Employee Name]**, decline the offer to receive CTO as stated above.

Print Name	Signature	Date
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Supervisor or other Department Representative

Print Name	Signature	Date
------------	-----------	------

Department Chair/Director or Designee

Print Name	Signature	Date
------------	-----------	------

cc: Original – Employee Personnel File  
Copy - Employee  
Copy – Supervisor  
Copy - Division-Department/Director or Designee

**UNIVERSITY OF CALIFORNIA**  
**Division of Agriculture and Natural Resources**  
**PROFESSIONAL SUPPORT STAFF (PSS)**  
**COMPENSATORY TIME OFF (CTO) ELECTION FORM**

The Division of Agriculture and Natural Resources (ANR), (department name) offers its non-represented and uncovered non-exempt Professional Support Staff (PSS) the choice of being compensated for any and all overtime worked either by monetary payment or compensatory time off (CTO).

In accordance with the University of California, Personnel Policies for Staff Members (PPSM), Policy 32, Overtime (Non-exempt Employees Only), overtime shall be paid at the appropriate rate either by compensatory time off (CTO) or pay, you can enter into this agreement which will expire the following June 30, 2019 by signing below. For overtime which is compensable at the premium rate of overtime, the method of compensation (either CTO or pay) shall be at management's discretion, unless agreement regarding the method of compensation is not reached, in which case pay shall be provided instead of CTO. This means that an employee must specifically agree to receive CTO as payment for premium overtime.

An employee will be permitted to use CTO within a reasonable period after making a request if the use of CTO does not unduly disrupt the operations of the department/unit. This agreement regarding your compensation for overtime will be reviewed annually in June of each year, or until such time, that the (department name) opts to discontinue its practice of using CTO as a method of compensation for overtime.

***If you choose to decline the offer to receive CTO as compensation for overtime, you will receive monetary compensation for any and all compensable overtime hours you work.***

Please check one of the boxes provided and sign this agreement as indicated below.

Employee Name:

Position Title:

I agree to receive CTO as stipulated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I decline the offer to receive CTO as stipulated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisor or Departmental Designee, as appropriate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Division/Department Director or Designee, as appropriate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc:

Original – Employee Personnel File

Copy - Employee

Copy – Supervisor

Copy - Division-Department/Director or Designee

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**EXECUTIVE OFFICE OF ELDER AFFAIRS  
COMMONWEALTH OF MASSACHUSETTS**

**ELDER ABUSE MANDATED REPORTER FORM**

**This form should be returned within 48 hours of the oral report, to the following Designated Protective Service Agency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reporter Information:**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Tel. #:** \_\_\_\_\_ \_\_\_\_\_

**Information about Elder Being Allegedly Abused/Neglected:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Permanent:** \_\_\_\_\_  
**Temporary:** \_\_\_\_\_  
**Tel. #:** \_\_\_\_\_  
**Approximate Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_  
**Is the elder aware a report is being made?** \_\_\_\_\_ **Is English spoken?** \_\_\_\_\_

**Description of alleged abuse incidents and/or condition of neglect: Include name, dates, times, and specific facts and any information regarding prior incidents of abuse/neglect.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons or Agencies Involved or Knowledgeable about Elder:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Is medical treatment required immediately? Yes \_\_\_\_\_ No \_\_\_\_\_ Possibly \_\_\_\_\_

Describe treatment needed or already received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the reporter believe the situation constitutes an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_ Possibly \_\_\_\_\_

Describe the risk of death or immediate and serious harm: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information or comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reporter

Date

**Dear Mandated Reporter:**

**The enclosed Elder Abuse Mandated Reporter Form should be used by mandated reporters to report suspected elder abuse or neglect. Mandated reporters who suspect that an elderly person is suffering from abuse or neglect should immediately make a verbal report to the Elder Abuse Hotline 1-800-922-2275. Then submit this form, within 48 hours, to the designated protective service agency. The designated protective service agency serving your area is \_\_\_\_\_ and may be reached by telephoning \_\_\_\_\_.**

**M.G.L. c19A (Ch. 604 of the Acts of 1982) requires that reporters file a written report to the Executive Office or one of its designated agencies within forty-eight (48) hours of the oral report. Please use the enclosed form to file your written report and complete this form to the best of your ability.**

**This law states that:**

**No person required to report pursuant to the provision of subsection (a) shall be liable in any civil or criminal action by reason of such report pursuant to the provision of subsection (b) or (c) shall be liable in any civil or criminal action by reason of such report if it was made in good faith. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to an employee or supervisee who files a report in accordance with the provision of this section by reason of such report.**

**The designated protective service agency will advise you of the response to your request within forty-five (45) days of your oral response.**

**Thank you for your cooperation in reporting elder abuse. Please feel free to contact the designated protective service agency in your area or the Executive Office of Elder Affairs at (617) 727-7750 if you have any further questions.**

**Enc.**

### Statement Acknowledging Requirement to Report Child Abuse

California law *requires* certain people to report known or suspected child abuse or neglect. You have been identified as one of those people – a “mandated reporter.” University of California Child Abuse and Neglect Reporting Act (CANRA) as well as relevant provisions of CANRA are located here. The complete statute (Penal Code Section 11164-11174.3 ) can be found online at <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=11001-12000&file=11164-11174.3>.

## WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years (even an enrolled or registered student) whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and must prepare and send a written report within 36 hours of receiving the information concerning the incident. [CANRA § 11165.6]

## ABUSE THAT MUST BE REPORTED

- *Physical injury* inflicted by other than accidental means. [CANRA § 11165.6]
- *Sexual abuse* meaning sexual assault or sexual exploitation of a child. [CANRA § 11165.1]
- Sexual exploitation, meaning depicting a child in, or knowingly developing, duplicating, printing, downloading, streaming, accessing through any electronic or digital media, or exchanging, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct. [P.C. 11165.1]
- *Neglect* meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [CANRA § 11165.3]
- *Willful harming or injuring or endangering a child* meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical

pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [CANRA § 11165.3]

- *Unlawful corporal punishment or injury* willfully inflicted on a child and resulting in a traumatic condition. [CANRA § 11165.4]

## **WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT**

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department (if designated by the county to receive mandated reports), or county welfare department. [CANRA § 11165.9] Campus Police accept reports. The written report must include the information described in CANRA § 11167(a) and may be submitted on form SS 8572, available online at [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf). In addition, an internal report must be made to your supervisor or to the University Compliance Hotline. This internal report may be made anonymously.

## **IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS**

Mandated reporters have immunity from criminal or civil liability for reporting as required or authorized by law. [CANRA § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be redisclosed only to specified persons and agencies. Any violation of confidentiality provided by CANRA is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

## **PENALTY FOR FAILURE TO REPORT ABUSE**

A mandated reporter who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail, a fine of \$1000, or both. [CANRA § 11166(b)]

## **COPY OF THE LAW**

The University of California provided me with access to an electronic copy of CANRA sections 11165.7, 11166, and 11167. [CANRA § 11166.5(a)]

## **ACKNOWLEDGEMENT OF RESPONSIBILITY**

I have knowledge of my responsibility to report known or suspected child abuse or neglect in compliance with CANRA § 11166.

I Agree	Cancel
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