To:       New Math TA’s
From:    Trisha Paredes, Accounting/Payroll Assistant
RE:      New Hire Paperwork

Please see the attached new hire forms for completion. Instructions for completing each form are listed below. Once your appointment is entered on payroll you will be given a “Summary of Initial Hire” with your Employee ID number. Please verify the information is correct and notify me with any discrepancies. All forms must be signed and dated before employment begins.

Payday is on the first day of each month with two exceptions:

1) If the first of the month falls on a Saturday, Sunday or Holiday, payday will be on the last working day of the month.
2) The first check in the new year is available on the first working day after January 1st.

Personal Data Form: Complete entire form.

New Hire Data Form: Complete top portion of form.

Demographic Data Transmittal: Complete the top portion and please identify the appropriate category by placing an “X” in the corresponding box.

UAW Local 2865 Membership Election Form: Accept/Decline Membership

Statement Concerning Your Employment In A University Position Not Covered By Social Security: Complete top portion and sign and date at the bottom.

State Oath of Allegiance, Patent Policy, and Patent Acknowledgment: All U.S. Citizens sign the State Oath (top portion on right side) all employees sign the Patent Acknowledgment and date at the bottom of the form.
Invitation to Self-Identify for Individuals with Disabilities: Read over and complete only if applicable.

Benefits Eligibility Level Indicator (BELI): Complete employee information on the top of the form, sign and date under Employee Signature.

Form I-9, Employment Eligibility Verification: Complete section 1 and sign and date under Employee Signature. Please bring to the department one document from List A OR one document form List B and one from List C for review and verification purposes.

The Glacier Notification Sheet is information for Nonresident Aliens. Please read the entire package.

UC W-4/DE 4 Form: University of California Employee’s Federal-State Withholding Allowance Certificate.

UC W-4NR/DE 4 Form: University of California Nonresident Alien Employee’s Federal-State Withholding Allowance Certificate.

Paychecks: Please pick up your first paycheck at the Math Dept. front desk.

Included with the packet are the following informational forms:

The Facts about Workers’ Compensation and Ergonomically Correct Workstations.
### PERSONAL DATA FORM

#### EMPLOYMENT

- **(check appropriate box)**
  - EMPLOYMENT
  - DATA CHANGE
  - TERMINATION

#### ADDRESS INFORMATION

<table>
<thead>
<tr>
<th>PERMANENT ADDRESS: YOUR MAILING ADDRESS</th>
<th>CAMPUS MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINE 1 STREET ADDRESS (19-48)</td>
<td>CAMPUS CODE (40-63)</td>
</tr>
<tr>
<td>LINE 2 STREET ADDRESS (19-48)</td>
<td>ROOM NO. (63-58)</td>
</tr>
<tr>
<td>CITY (19-59)</td>
<td>BUILDING (59-65)</td>
</tr>
<tr>
<td>STATE (42-64)</td>
<td>U.S. ONLY ZIP CODE (42-65)</td>
</tr>
<tr>
<td>FOREIGN POSTAL CODE (64-72)</td>
<td>FOREIGN ADDRESS</td>
</tr>
</tbody>
</table>

#### DISCLOSURE OF INFORMATION (SEE REVERSE)

- FOR DISCLOSURE, CHECK BOX FOR INFORMATION YOU DO NOT WANT USED.
- EMPLOYEE ORGANIZATION(S) DO YOU WANT YOUR HOME ADDRESS RELEASED TO EMPLOYEE ORGANIZATION(S)?

#### PAYROLL CHECK DISPOSITION (check appropriate box)

- CAMPUS MAIL TO CAMPUS ADDRESS BELOW (5)
- DEPOSIT WITH MY BANK (8)
- ATTACH SURVEY FORM

#### STUDENT STATUS AND EDUCATION

<table>
<thead>
<tr>
<th>U.C. STUDENT STATUS (19)</th>
<th>YEAR AWARDED (21-22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Reg.</td>
<td>19</td>
</tr>
<tr>
<td>Reg.</td>
<td></td>
</tr>
</tbody>
</table>

#### PERSONAL INFORMATION AND CITIZENSHIP STATUS

- **SEX (29)**
  - MALE
  - FEMALE

- **U.S. CITIZEN**
  - No
  - Yes

- **VISA STATUS**
  - Standard length of stay
  - Optional

- **DATE ENTERED UNITED STATES**

#### PRIOR EMPLOYMENT (other than UC or State)

- **EMPLOYER NAME**
- **EMPLOYED FROM**
- **TO**

#### PRIOR OR CONCURRENT UC/STATE EMPLOYMENT (include EPDA Labs)

- **EMPLOYED**
  - **FROM**
  - **TO**
  - **CAMPUS**
  - **DEPARTMENT***
  - **RETIRED SYSTEM***

---

**REMARKS**

---

**ACCOUNTING USE ONLY**

- **BANK BANK**
- **DEPARTMENT**
- **PRIORITY**
- **PRIORITY PER**
- **PRIORITY PERSONEL***

---

**SEE REVERSE SIDE FOR PRIVACY NOTIFICATION**

---

**EMPLOYEE SIGNATURE**

---

**DATE**
NEW HIRE DATA FORM

Employee's Name

Home Address
  Check to list in UCR Directory □

Home Phone ________ Alternate Phone ________
  Check to list in UCR Directory □

Spouse’s Name
  Check to list in UCR Directory □

Prior UC/State Service: Where ___________ When __________________

Emergency Contact Information

Primary Emergency Contact

Name

Home Phone ________ Alternate Phone ________

Address

Secondary Emergency Contact

Name

Home Phone ________ Alternate Phone ________

Address

Please complete attached forms: W-4, I-9, Affirmative Action Data Transmittal, Oath/Patent, and Surepay (if going to use direct deposit)

For Department Use Only

Hire Date ___________ Salary ___________ BELI Code ___________

Acct/Fund Information ___________ Step/Grade ___________ HERRA Code ___________

Salary Review Date ___________ % Full Time ___________ Bargaining Unit ___________

Highest Year of Education Completed: ___________ Year Completed ___________

Title ___________ Title Code ___________

Probationary End Date ___________ Leave Code ___________ MO __ MA __

Background check required? Yes □ / No □ - If yes, Code ___________ Date ___________
As a Federal contractor, the University of California is required to collect and report information regarding the ethnic and racial background of its employees (see reverse for Privacy Notification Statement). Please self-identify your ethnicity and race by completing Sections 1A and 1B of this form.

Additionally, to comply with Federal recordkeeping mandates, the University of California is required to monitor the number of its employees who have a disability or are protected veterans. Please self-identify your status as disabled individual and/or protected veteran by completing Section 2 and/or Section 3 of this form as applicable to you.

1. ETHNICITY AND RACE

Please complete Sections 1A and 1B below. The information must be collected in both sections in order for the University to comply with U.S. Department of Education requirements for the collection and reporting of ethnicity and race data as well as Affirmative Action program reporting requirements. The University of California will not be able to accurately report your information if both sections are not completed.

A. Are you of Hispanic, Latino or Other Spanish origin? □ YES □ NO

In addition, please select one or more of the racial categories that are applicable to you.

□ American Indian or Alaska Native □ Asian □ Black/African American □ Native Hawaiian or Other Pacific Islander □ White

B. For Affirmative Action program reporting, the University of California is required to provide only ONE race/ethnicity description for its employees. Please place an “X” in the box that best identifies the single option from Section 1B that you want us to report for you.

□ 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 □ Filipino/Philippino □ Japanese/Japanese American □ Native Hawaiian or Other Pacific Islander □ Pakistani/East Indian □ Other Asian □ Black/African American (not of Hispanic origin) □ Hispanic/Latino

(H) – An individual with a disability is a person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, or who has a record of such impairment.

All questions regarding ethnic, veterans, or disabled identification should be directed to the campus Equal Employment Opportunity/Affirmative Action Office.

SEE REVERSE FOR PRIVACY NOTIFICATIONS
3. VETERAN STATUS

Please place an "X" in each of the boxes below that apply to you (more than one category may be applicable). Leave blank if none apply.

☐ 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, 1951, 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, 1951, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

☐ WAR/CAMPAIGN/EXPEDITION VETERAN (E)

War/Campaign/Expedition 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. For a list of officially recognized campaigns, please visit the U.S. Office of Personnel Management website at http://opm.gov/StaffingPortal/vgmedal2.asp

☐ DISABLED VETERAN (S)

Disabled Veteran means:
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.

☐ ARMED FORCES SERVICE MEDAL VETERAN (M)

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 No. 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

☐ RECENTLY SEPARATED VETERAN (MM, YY)

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. Separation date: ___/___ (Month/Year)

FOR INTERNAL USE ONLY

NOTE TO ACCOUNTING OFFICE: DO NOT COPY OR DUPLICATE THIS FORM

(1-2) EMPLOYEE ID NO. (4-15)

ED

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.
Military Operations Since 1937 for Which a Campaign or Expeditionary Medal Has Been Awarded, Except for Operations Occurring during a Declared War

<table>
<thead>
<tr>
<th>Military Operation</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Defense Service (a)</td>
<td>September 8, 1939–December 7, 1941</td>
</tr>
<tr>
<td>Army Occupation of Austria</td>
<td>May 9, 1945–July 27, 1945</td>
</tr>
<tr>
<td>Army Occupation of Berlin</td>
<td>May 9, 1945–October 2, 1940</td>
</tr>
<tr>
<td>Army Occupation of Germany</td>
<td>May 9, 1945–May 5, 1945</td>
</tr>
<tr>
<td>Army Occupation of Japan</td>
<td>September 3, 1945–April 27, 1952</td>
</tr>
<tr>
<td>China Service</td>
<td>July 7, 1937–September 1939</td>
</tr>
<tr>
<td>China Service Medal (Extended)</td>
<td>September 2, 1945–April 1, 1947</td>
</tr>
<tr>
<td>Korea Defense Service Medal</td>
<td>July 25, 1954–Present</td>
</tr>
<tr>
<td>Kosovo Campaign</td>
<td></td>
</tr>
<tr>
<td>Operation Allied Harbor</td>
<td>April 4, 1999–September 1, 1999</td>
</tr>
<tr>
<td>Operation Joint Guardian</td>
<td>June 11, 1999–Present</td>
</tr>
<tr>
<td>Operation Sustain Hope</td>
<td></td>
</tr>
<tr>
<td>Shining Hope</td>
<td>April 4, 1999–July 10, 1999</td>
</tr>
<tr>
<td>Operation Noble Avril</td>
<td>March 24, 1999–July 20, 1999</td>
</tr>
<tr>
<td>Operation Task Force Hawk</td>
<td>April 5, 1999–June 24, 1999</td>
</tr>
<tr>
<td>Operation Task Force Sabor</td>
<td>March 31, 1999–July 8, 1999</td>
</tr>
<tr>
<td>Operation Task Force Falcon</td>
<td>June 11, 1999–Present</td>
</tr>
<tr>
<td>Operation Task Force Hunter</td>
<td>April 1, 1999–November 1, 1999</td>
</tr>
<tr>
<td>Navy Occupation of Trieste</td>
<td>May 6, 1945–October 25, 1954</td>
</tr>
<tr>
<td>Navy Occupation of Austria</td>
<td>May 8, 1945–October 25, 1954</td>
</tr>
<tr>
<td>Navy Units of the Sixth Fleet</td>
<td>May 3, 1945–October 25, 1955</td>
</tr>
<tr>
<td>Southwest Asia Service (Operations)</td>
<td></td>
</tr>
<tr>
<td>Desert Shield and Desert Storm</td>
<td>August 2, 1989–November 30, 1995</td>
</tr>
<tr>
<td>Thailand</td>
<td>May 16, 1962–August 19, 1962</td>
</tr>
<tr>
<td>Armed Forces Expeditionary Medal (AFEM) for these operations: Afghanistan</td>
<td></td>
</tr>
<tr>
<td>Operation Enduring Freedom</td>
<td>October 24, 2001–Present</td>
</tr>
<tr>
<td>Operation Iraqi Freedom</td>
<td>March 12, 2003–Present</td>
</tr>
<tr>
<td>Berlin</td>
<td>August 14, 1951–June 1, 1963</td>
</tr>
<tr>
<td>Bosnia</td>
<td></td>
</tr>
<tr>
<td>Operation Joint Guard</td>
<td>December 20, 1996–Present</td>
</tr>
<tr>
<td>Operation Joint Forge</td>
<td>June 21, 1998–Present</td>
</tr>
<tr>
<td>Cambodia</td>
<td></td>
</tr>
<tr>
<td>Operation Eagle Pull</td>
<td>March 29, 1973–August 15, 1973</td>
</tr>
<tr>
<td>Congo</td>
<td></td>
</tr>
<tr>
<td>Operation Eagle Pull</td>
<td>April 11, 1975–April 15, 1975</td>
</tr>
<tr>
<td>Congo</td>
<td>April 14, 1980–September 1, 1982</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>August 10, 1980–September 21, 1986</td>
</tr>
<tr>
<td>El Salvador</td>
<td>January 1, 1981–February 1, 1982</td>
</tr>
<tr>
<td>Global War on Terrorism</td>
<td>September 11, 2001–Present</td>
</tr>
<tr>
<td>Grenada (Operation Urgent Fury)</td>
<td>October 23, 1993–November 21, 1993</td>
</tr>
<tr>
<td>Haiti (Operation Uphold Democracy)</td>
<td>September 16, 1994–March 31, 1995</td>
</tr>
<tr>
<td>Iraq (Operation Enduring Freedom)</td>
<td>October 24, 2001–Present</td>
</tr>
<tr>
<td>Korea</td>
<td></td>
</tr>
<tr>
<td>Operation Iraqi Freedom</td>
<td>March 19, 2003–Present</td>
</tr>
<tr>
<td>Kuwait</td>
<td>October 1, 1966–June 30, 1974</td>
</tr>
<tr>
<td>Laos</td>
<td>March 24, 1959–Present</td>
</tr>
<tr>
<td>Lebanon</td>
<td>April 10, 1981–October 7, 1982</td>
</tr>
<tr>
<td>Lebanon</td>
<td>July 1, 1959–November 1, 1958 and June 1, 1960–December 1, 1967</td>
</tr>
<tr>
<td>Libyan Area</td>
<td></td>
</tr>
<tr>
<td>Operation El Dorado Canyon</td>
<td>April 12, 1986–April 17, 1986</td>
</tr>
<tr>
<td>Mayaguez Operation</td>
<td>May 15, 1975</td>
</tr>
<tr>
<td>Persian Gulf (Operation Earnest Will)</td>
<td>July 24, 1987–August 1, 1990</td>
</tr>
<tr>
<td>Southwest Asia</td>
<td></td>
</tr>
<tr>
<td>Operation Southern Watch</td>
<td>December 1, 1996–March 18, 2003</td>
</tr>
<tr>
<td>Operation Vigilant Sentinel</td>
<td>December 1, 1995–February 1, 1997</td>
</tr>
<tr>
<td>Operation Northern Watch</td>
<td>January 1, 1997–March 18, 2003</td>
</tr>
<tr>
<td>Operation Desert Fox</td>
<td>May 8, 1999–January 1, 2000</td>
</tr>
<tr>
<td>Persian Gulf Intercept Operation</td>
<td>December 1, 1995–Present</td>
</tr>
<tr>
<td>Quemoy and Matsu Islands</td>
<td>August 23, 1968–June 1, 1963</td>
</tr>
<tr>
<td>Somalia (Operation Restore Hope and United Shield)</td>
<td>December 5, 1992–March 31, 1993</td>
</tr>
<tr>
<td>Taiwan Straits</td>
<td>August 23, 1993–January 1, 1994</td>
</tr>
<tr>
<td>Thailand</td>
<td>May 16, 1962–August 10, 1962</td>
</tr>
<tr>
<td>Thailand</td>
<td>March 29, 1973–August 15, 1973</td>
</tr>
<tr>
<td>(Only those in direct support of Cambodia operations)</td>
<td></td>
</tr>
<tr>
<td>Vietnam Evacuation</td>
<td></td>
</tr>
<tr>
<td>Operation Frequent Wind</td>
<td>April 25, 1975–April 30, 1975</td>
</tr>
<tr>
<td>Indian Ocean/Indian Ocean</td>
<td>November 21, 1970–October 20, 1981</td>
</tr>
<tr>
<td>Iran/Yemen/Indian Ocean</td>
<td>December 9, 1976–June 6, 1979</td>
</tr>
<tr>
<td>Lebanon</td>
<td>August 20, 1982–May 31, 1983</td>
</tr>
<tr>
<td>Liberia (Operation Sharp Edge)</td>
<td>August 8, 1980–February 21, 1991</td>
</tr>
<tr>
<td>Libyan Area</td>
<td>January 20, 1965–June 27, 1966</td>
</tr>
<tr>
<td>Rwanda (Operation Distant Runner)</td>
<td>April 7, 1994–April 18, 1994</td>
</tr>
<tr>
<td>Thailand</td>
<td>May 16, 1962–August 10, 1962</td>
</tr>
</tbody>
</table>

Privacy Notification Statement

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UAW Local 2865 Membership Election Form

UAW Local 2865 is the Union representing academic student employees (ASEs) at the University of California (UC). As the exclusive representative, the Union bargains wages, hours and terms and conditions of employment for all ASEs. Pursuant to California State Law (Cal. Gov't Code 3583.5), if you are not a dues-paying Union member, you are obligated to pay fair share fees as a condition of employment. Deductions will commence with the first paycheck received.

☐ I hereby accept membership in UAW Local 2865. I agree to pay a one-time $10 initiation fee and monthly dues, currently 1.15% of gross pay. I authorize UC to deduct my initiation fee and monthly membership dues from my pay and remit them to the Union. Unless revoked, this authorization is to remain in effect for all periods of time in which I am a UAW member and receiving a paycheck for work performed as an ASE. As a member, I have the right to attend Union meetings, vote to ratify contracts, vote for Union representatives, and otherwise participate in the Union.

Or

☐ I decline membership in UAW Local 2865. As a non-member, I will receive information about my obligation to pay the required fair share fees (currently .85% of gross pay) from my paychecks pursuant to California Law. So long as I am not a member, I will not have the right to attend Union meetings, vote to ratify contracts, vote for Union representatives, or otherwise participate in Union governance.

Print Name  Signature  Date

If accepting membership, please complete the following:

Mobile Phone Number  Home Phone Number  Email

EMPLOYEE ORGANIZATION MEMBERSHIP PAYROLL DEDUCTION AUTHORIZATION

PLEASE PRINT OR TYPE

CAMPUSS  LOC  EMPLOYEE I.D.  DATE

ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:

MONTHLY DEDUCTION

LAST NAME,  FIRST,  MIDDLE INITIAL

DEPARTMENT EMPLOYED AT U.C.

DUES  X  .0115

TITLE AT U.C.

INITIATION FEES (one-time)  X  $10.00

ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER)

UAW

GENERAL ASSESSMENT

TOTAL  .0115

FOR UNIVERSITY USE ONLY

TRAN  CODE  EMPLOYEE ID NO.  DATE  ELEMENT  NO.  BAL  CODE  AMOUNT

1  2  4  12  13  18  19  22  23  24  30

X1

X1

X1

07/19/10
UAW Local 2865 Membership Election Form

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Print Name ____________________________ Signature ____________________________ Date __________

If accepting membership, please complete the following:

Mobile Phone Number ____________________________ Home Phone Number ____________________________ Email ____________________________

EMPLOYEE ORGANIZATION MEMBERSHIP PAYROLL DEDUCTION AUTHORIZATION

PLEASE PRINT OR TYPE

<table>
<thead>
<tr>
<th>CAMPUS</th>
<th>LOC</th>
<th>EMPLOYEE I.D.</th>
<th>DATE</th>
</tr>
</thead>
</table>

ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:

<table>
<thead>
<tr>
<th>MONTHLY DEDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENROLL</td>
</tr>
<tr>
<td>DUES</td>
</tr>
<tr>
<td>INITIATION FEES (one-time)</td>
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<tr>
<td>TOTAL</td>
</tr>
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FOR UNIVERSITY USE ONLY

<table>
<thead>
<tr>
<th>TRAN</th>
<th>CODE</th>
<th>EMPLOYEE ID NO</th>
<th>DATE</th>
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</tr>
<tr>
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<td></td>
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<td>6</td>
<td>G</td>
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</tr>
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</table>

07/19/10
STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY POSITION NOT COVERED BY SOCIAL SECURITY
UCRS 419 (R1/05) University of California Human Resources and Benefits

EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name (Last, First, Middle Initial)</th>
<th>Employee Number</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMPUS/LAB</td>
<td>DEPARTMENT</td>
<td>DATE OF HIRE</td>
</tr>
</tbody>
</table>

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. 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 ($600 - $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, including information about exceptions to each provision, are available at www.socialessure.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.

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
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 the campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 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 1X, 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.
STATEMENT CONCERNING YOUR EMPLOYMENT IN A UNIVERSITY
POSITION NOT COVERED BY SOCIAL SECURITY
UCPS 419 (R.1/03) University of California Human Resources and Benefits

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 (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 social security 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

• 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 social security 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 HP/Benefits
  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.
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: ________________________________

(DO NOT Sign Until In The Presence of Proper Witness.)

Oath must be administered by either (1) a person having general authority by law to administer oaths—e.g., Notaries Public, Civil Executive Officers (Section 1061 of Government Code), Judicial Officers, Justice of the Peace, and county officials named in Sections 24000, 24057 of Government Code—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 oath.

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. Gov't Code, Article XX, Section 3; Calif. Government Code, Sections 3100-3102.)

All persons re-employed by the University after 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't Code, Article XX, Section 3; Calif. Government Code, Sections 3100-3102.)

WHEN OATH MUST BE SIGNED: The Oath must be signed before the individual enters upon the duties of employment (Calif. Gov't Code, Article XX, Section 3; Calif. Government Code Section 3102.)

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

FAILING 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’t Code, section 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 or guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years.” (Calif. Gov't Code, Section 3108.)

PATENT ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called “University,” in full consideration of my employment as an employee of (insert department) and its predecessor in interest, and as a condition of my employment, I hereby acknowledge and agree that the University of California, the University, or any of its employees, agents, or assigns, shall have the exclusive right, title, and interest in any and all inventions made by me in connection with my employment or in the performance of my duties related hereto, and that I shall disclose such inventions to the University and its authorized representatives, and I shall execute all such agreements and do such further acts as the University may reasonably require for the protection of such inventions. I further acknowledge that the University may file a patent application in its own name or in the name of one or more of its employees or agents on any invention made by me in connection with my employment or in the performance of my duties related hereto, and that the University shall be the sole owner of any patent or patents issued on such invention. I hereby assign to the University any and all right, title, and interest in any and all inventions made by me in connection with my employment or in the performance of my duties related hereto, and I hereby irrevocably waives any and all rights to any inventions made by me in connection with my employment or in the performance of my duties related hereto.

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Notice: This acknowledgment does not apply to an invention which qualifies under the provision of Labor Code section 2870 of the State of California 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 earlier 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 subsection (a), the provision is severable to the extent of its application to inventions and is enforceable in any suit or action arising under this law. Thus, the burden of proof shall be on the individual claiming the benefits of its provisions.

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LICENSED PROFESSIONALS

It is the policy of the University of California to protect the rights and interests of all University employees, including those who are licensed professionals. Therefore, it is important for employees who are licensed professionals to understand their obligations under the University’s policies and procedures. In this context, a licensed professional is defined as someone who is licensed to practice a profession under state or federal law, such as a lawyer, doctor, pharmacist, or engineer. These professionals are subject to specific training and credentialing requirements, and they are expected to maintain their credentials through continuing education and other means.

In addition to the responsibilities outlined above, licensed professionals are also expected to adhere to the standards of ethical conduct and practice as set forth by their respective licensing boards. This includes maintaining the highest level of professional integrity, respecting the confidentiality of patient or client information, and avoiding conflicts of interest.

Failure to comply with these policies and procedures can result in disciplinary action, including but not limited to revocation of licensing credentials, suspension of employment, and civil or criminal liability. Therefore, it is imperative for licensed professionals to seek guidance from their respective licensing boards or the University’s human resources department when faced with any uncertainties regarding their obligations.

PUBLICATIONS

The University of California is committed to maintaining a welcoming and inclusive environment for all employees, including those who are members of underrepresented groups. Therefore, it is important to promote diversity, equity, and inclusion in the workplace.

In this context, diversity encompasses the various characteristics that make individuals unique, such as race, gender, sexual orientation, national origin, religion, and socioeconomic status. Equitable workplaces are those that provide equal opportunities for all employees to succeed, regardless of their background.

Inclusion, on the other hand, refers to creating a workplace culture that values and respects the differences among individuals. It involves actively seeking out and incorporating diverse perspectives and experiences into decision-making processes.

The University of California recognizes the value of diversity, equity, and inclusion in its strategic plans and policies. It is committed to fostering a culture that supports and celebrates the contributions of all employees, regardless of their background.
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.

CONTINUED ON BACK
UNIVERSITY OF CALIFORNIA PATENT POLICY - October 1, 1997

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.

PATENT POLICY FOR EMPLOYEE

PLEASE SIGN THE STATE OATH and PATENT ACKNOWLEDGEMENT on page 1 and ATTACH TO PAF (UPAY560).
INVITATION TO SELF-IDENTIFY for
INDIVIDUALS WITH DISABILITIES, SPECIAL DISABLED VETERANS,
VIETNAM ERA VETERANS, AND WAR/CAMPAIGN/EXPEDITION VETERANS


Instructions to the Departmental Personnel Assistant:
THIS FORM MUST BE GIVEN TO INDIVIDUALS AFTER A JOB OFFER HAS BEEN MADE AND BEFORE EMPLOYMENT OCCURS.
COMPLETED FORMS ARE TO BE FORWARD TO THE LOCAL AFFIRMATIVE ACTION OFFICE AS THE OFFICE OF RECORD.
PRIORITY PROCESSING: IF THE INDIVIDUAL DESIRES A WORKPLACE ACCOMMODATION, IMMEDIATELY FORWARD THIS FORM TO THE INDIVIDUAL'S SUPERVISOR, IN ADDITION TO THE LOCAL AFFIRMATIVE ACTION OFFICE.

Instructions to the Employee:
You are invited to complete this form if you are an individual with a disability, a special disabled veteran, a Vietnam era veteran, or war/campaign/expedition veteran (any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized -- refer to page 3 of this form for a list of campaigns and expeditions) so that the University may include you under its affirmative action program. If you are an individual with a disability or a special disabled veteran, the Information you provide may assist the University in making reasonable accommodation for your disability. Submission of information is voluntary and declining to provide it will not subject you to any adverse treatment.

The University of California is a Federal Government contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, qualified special disabled veterans, Vietnam era veterans, and war/campaign/expedition veterans.

It is the policy of the University to undertake affirmative action, consistent with its obligations as a Federal contractor, for individuals with disabilities, special disabled veterans, Vietnam era veterans, and war/campaign/expedition veterans. You may inform the University of your desire to benefit under the program at this time and/or at any time in the future.

Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and special disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the conditions might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs or the Americans with Disabilities Act may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act and the Vietnam Era Veterans' Readjustment Assistance Act.
Name: 

Department & Address: 

Telephone:  

__ Individual with a Disability
   An individual who has a physical or mental impairment which substantially limits one or more of such person's major life activities or has a record of such impairment.

__ Special Disabled Veteran
   A veteran 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 Department of Veteran's Affairs for a disability which is rated at 30 percent or more, or rated at 10 or 20 percent, in the case of a veteran who has been determined under Section 3106 of Title 38, USC, to have a serious employment handicap; or a person who was discharged or released from active duty because of a service-connected disability.

__ Vietnam Era Veteran
   A veteran 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: (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases.

__ War/Campaign/Expedition Veteran
   Any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

If you are an individual with a disability or a special disabled veteran, please describe the accommodations which we could make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, or other accommodations:
MILITARY OPERATIONS SINCE 1937 FOR WHICH A CAMPAIGN OR EXPEDITIONARY MEDAL HAS BEEN AWARDED, EXCEPT FOR OPERATIONS OCCURRING DURING A DECLARED WAR

<table>
<thead>
<tr>
<th>Military Operation</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army Occupation of Austria</td>
<td>May 9, 1945 - July 27, 1955</td>
</tr>
<tr>
<td>Army Occupation of Berlin</td>
<td>May 9, 1945 - October 2, 1990</td>
</tr>
<tr>
<td>Army Occupation of Germany</td>
<td>May 9, 1945 - May 5, 1955</td>
</tr>
<tr>
<td>Army Occupation of Japan</td>
<td>September 3, 1945 - April 27, 1952</td>
</tr>
<tr>
<td>China Service Medal (Extended)</td>
<td>September 2, 1945 - April 1, 1957</td>
</tr>
<tr>
<td>Navy Occupation of Trieste</td>
<td>May 8, 1945 - October 25, 1954</td>
</tr>
<tr>
<td>Navy Occupation of Austria</td>
<td>May 8, 1945 - October 25, 1955</td>
</tr>
<tr>
<td>Navy Units of the Sixth Fleet</td>
<td>May 9, 1945 - October 25, 1955</td>
</tr>
<tr>
<td>SW Asia Service Medal</td>
<td>August 2, 1990 - November 30, 1995</td>
</tr>
<tr>
<td>Armed Forces Expeditionary Medal (AFEM) for these operations:</td>
<td></td>
</tr>
<tr>
<td>Berlin</td>
<td>August 14, 1961 - June 1, 1963</td>
</tr>
<tr>
<td>Operation Joint Guard</td>
<td>December 20, 1995 - Present</td>
</tr>
<tr>
<td>Operation Joint Forge</td>
<td>June 21, 1998 - Present</td>
</tr>
<tr>
<td>Cambodia</td>
<td>March 29, 1973 - August 15, 1973</td>
</tr>
<tr>
<td>Cambodia Evacuation</td>
<td>(Operation Eagle Pull) April 11, 1975 - April 13, 1975</td>
</tr>
<tr>
<td>Cuba</td>
<td>October 24, 1982 - June 1, 1983</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>April 23, 1985 - September 21, 1986</td>
</tr>
<tr>
<td>El Salvador</td>
<td>January 1, 1991 - February 1, 1992</td>
</tr>
<tr>
<td>Iraq: Operation Northern Watch</td>
<td>January 1, 1997 - Present</td>
</tr>
<tr>
<td>Korea</td>
<td>October 1, 1996 - June 30, 1974</td>
</tr>
<tr>
<td>Laos</td>
<td>April 19, 1981 - October 7, 1982</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Military Operation</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Forces Expeditionary Medal (AFEM) for these operations (cont):</td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>July 1, 1958 - November 1, 1958 and June 1, 1969 - December 1, 1969</td>
</tr>
<tr>
<td>Libyan Area: Operation</td>
<td>April 12, 1986 - April 17, 1986</td>
</tr>
<tr>
<td>Mayaguez Operation</td>
<td>May 15, 1975</td>
</tr>
<tr>
<td>Operation Southern Watch</td>
<td>December 1, 1996 - Present</td>
</tr>
<tr>
<td>Persian Gulf Intercept Operation</td>
<td>December 1, 1995 - Present</td>
</tr>
<tr>
<td>Quemoy and Matsu Islands</td>
<td>August 23, 1958 - June 1, 1963</td>
</tr>
<tr>
<td>Somalia: Operation Restored Hope</td>
<td>December 5, 1992 - March 31, 1995</td>
</tr>
<tr>
<td>Taiwan Straits</td>
<td>August 23, 1958 - January 1, 1959</td>
</tr>
<tr>
<td>Thailand</td>
<td>May 16, 1982 - August 10, 1982</td>
</tr>
<tr>
<td>Vietnam and Thailand</td>
<td>July 1, 1958 - July 3, 1965</td>
</tr>
<tr>
<td>Vietnam Evacuation</td>
<td>April 29, 1975 - April 30, 1975</td>
</tr>
<tr>
<td>Navy Expeditionary Medal and Marine Corps Expeditionary Medal for these operations:</td>
<td></td>
</tr>
<tr>
<td>Cuba</td>
<td>January 3, 1961 - October 22, 1962</td>
</tr>
<tr>
<td>Indian Ocean/Iran</td>
<td>November 21, 1979 - October 20, 1981</td>
</tr>
<tr>
<td>Iran/Yemen/Indian Ocean</td>
<td>December 8, 1979 - June 6, 1979</td>
</tr>
<tr>
<td>Lebanon</td>
<td>August 20, 1992 - May 31, 1993</td>
</tr>
<tr>
<td>Libyan Area: Operation</td>
<td>January 20, 1996 - June 27, 1996</td>
</tr>
<tr>
<td>Panama</td>
<td>April 1, 1980 - December 19, 1996 and February 1, 1990 - June 13, 1990</td>
</tr>
<tr>
<td>Persian Gulf</td>
<td>February 1, 1987 - July 23, 1987</td>
</tr>
<tr>
<td>Rwanda: Operation Distant Runner</td>
<td>April 7, 1994 - April 18, 1994</td>
</tr>
</tbody>
</table>
### BENEFITS ELIGIBILITY LEVEL INDICATOR (BELI) AND STATUS QUALIFIER CODE (SQC)

**ASSIGNMENT OR REASSIGNMENT**

UPAY 726 (1/05)  University of California Human Resources and Benefits

#### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (Last, First, Middle Initial)</th>
<th>ENTRY DATE</th>
<th>PERIOD OF INITIAL ELIGIBILITY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE ID NUMBER</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>CAMPUS/LAB</th>
<th>DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### BELI CODE ACTION

- **INITIAL APPOINTMENT—BELI FOR NEW EMPLOYEE:** Your BELI is being set to **5**. This chart represents the health and welfare benefits associated with each benefits package. UC bases your ongoing eligibility on the number of regular hours you are paid by UC to work each week (Paid time excludes bonuses and overtime). To remain eligible for your benefit level, you must maintain an average regular paid time of at least 17.5 hours per week in an eligible appointment.

<table>
<thead>
<tr>
<th>Health and Welfare Benefit Packages</th>
<th>Medical</th>
<th>Core Medical</th>
<th>Dental Vision</th>
<th>Legal</th>
<th>Basic Life</th>
<th>Core Life</th>
<th>Supplemental Life</th>
<th>Basic Dependent Life</th>
<th>Expanded Dependent Life</th>
<th>Short Term Disability</th>
<th>Supplemental Disability</th>
<th>AD&amp;D DepCare NGRA TIP</th>
<th>Auto/ Home/ Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Benefits</td>
<td>yes*</td>
<td>yes*</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes**</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>BELI 1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-level BELI</td>
<td>yes*</td>
<td>yes*</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes**</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>BELI 2.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core BELI 4</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No benefits</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BELI 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Post Doctoral Scholar Benefits Plan</td>
<td>yes (PSBP only)</td>
<td>yes (PSBP only)</td>
<td>yes (PSBP only)</td>
<td>yes (PSBP only)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BELI P</td>
<td></td>
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</tr>
</tbody>
</table>

* May not be enrolled in medical and Core medical plans concurrently.  
** Must be enrolled in Supplemental Life.

- **CHANGE OF BELI FOR CONTINUING EMPLOYEE:** Your average hours have dropped below 17.5 or a change in your employment status has occurred which impacts eligibility for benefits. The current BELI of **5** has been changed to **5**.

- **CORRECTION OF ERRONEOUSLY ASSIGNED BELI:** Your current BELI of **5** has been changed to **5**.

**EMPLOYEE ACKNOWLEDGMENT:** Your signature indicates neither agreement nor disagreement with your BELI, but it does indicate that you have been advised of the assignment and that you understand the effect that may occur. Detailed information about this BELI change, including information about COBRA and conversion rights, if appropriate, is being provided to you. Further information is available from your Benefits Representative.

<table>
<thead>
<tr>
<th>EMPLOYEE SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BELI CODE ACTION AND EFFECTIVE DATE

- Indicate BELI code and effective date in boxes provided

<table>
<thead>
<tr>
<th>ASIGNED BELI</th>
<th>BELI EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
</tr>
</tbody>
</table>

#### STATUS QUALIFIER CODE ACTION

- Indicate qualifier code and date in boxes provided

<table>
<thead>
<tr>
<th>QUALIFIER CODE</th>
<th>QUALIFIER DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
</tr>
</tbody>
</table>

**REQUIRED SIGNATURES**

- COMPLETED BY

<table>
<thead>
<tr>
<th>PHONE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- DEPARTMENT APPROVAL

<table>
<thead>
<tr>
<th>PHONE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**RETEN:** Accounting: 5 years following separation except retain in cases involving disability retirement or disciplinary action until age 70. Other copies: 0-5 years after separation.
Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Name and Number)</th>
<th>Apt. #</th>
<th>Data of Birth (month/day/year)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>I attest, under penalty of perjury, that I am (check one of the following):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A citizen or national of the United States</td>
</tr>
<tr>
<td>☐ A lawful permanent resident (Alien #) A</td>
</tr>
<tr>
<td>☐ An alien authorized to work until (Alien # or Admission #)</td>
</tr>
</tbody>
</table>

Employee's Signature: ___________________________ Date (month/day/year): ____________

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature: ___________________________ Date (month/day/year): ____________

Address (Street Name and Number, City, State, Zip Code): ___________________________ Date (month/day/year): ____________

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Document title:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing authority:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Document #:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative: ___________________________ Print Name: ___________________________ Title: ___________________________

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code): ___________________________ Date (month/day/year): ____________

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) | B. Date of Retire (month/day/year) (if applicable) |
|---------------------------|-----------------------------------------------|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document #:</th>
<th>Expiration Date (if any):</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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: ___________________________ Date (month/day/year): ____________

Form I-9 (Rev. 06/05/07) N
# Lists of Acceptable Documents

**List A**
Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)

2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

3. An unexpired foreign passport with a temporary I-551 stamp


5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer

**List B**
Documents that Establish Identity

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

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

3. School ID card with a photograph

4. Voter's registration card

5. U.S. Military card or draft record

6. Military dependent's ID card

7. U.S. Coast Guard Merchant Mariner Card

8. Native American tribal document

9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card

11. Clinic, doctor or hospital record

12. Day-care or nursery school record

**List C**
Documents that Establish Employment Eligibility

1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)

2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

4. Native American tribal document

5. U.S. Citizen ID Card (Form I-197)

6. ID Card for use of Resident Citizen in the United States (Form I-179)

7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
GLACIER NOTIFICATION SHEET
(For Nonresident Aliens)

The University of California Riverside partnered with Arctic International LLC to provide Glacier Online Tax Compliance System to Nonresident Aliens (other than Permanent Residents).

GLACIER is a secure online tax compliance system designed to allow Nonresident Aliens to provide UCR with their immigrant and tax data efficiently and effectively so that tax residency and income tax treaty determinations can be made.

You will be receiving an e-mail from support@online-tax.net asking you to login to a website to complete the necessary forms via the internet that will assist UCR to determine how we will tax you for payroll, scholarships and fellowships.

- Enter information into GLACIER within ten (10) days of receipt of the email from support@online-tax.net. (this is not spam)
- Print, review, sign and date all forms (Tax Summary Report, etc) created by Glacier
- Forward signed forms with the required document copies as instructed on the Tax Summary Report to:

Elena Mateos
The University of California, Riverside
Payroll Office-002
Riverside, CA 92521
Telephone: 951-827-1958
Elena.mateos@ucr.edu

Please do not delete this e-mail when you receive it. For additional information please refer to GLACIER Brochure. If, you have any questions, please e-mail us at Elena.mateos@ucr.edu.
NONRESIDENT ALIEN TAXATION AT THE UNIVERSITY OF CALIFORNIA, RIVERSIDE

Federal Regulations require us to determine the tax status of Nonresident Aliens who will receive wages from the University of California, Riverside. The Internal Revenue Service (IRS) regulations regarding the taxation and reporting of wages made to Nonresident Aliens are very complex; we are using an external software - Glacier to assist in making this determination.

GLACIER is a secure online tax compliance system designed to allow Nonresident Aliens to provide UCR with their immigrant and tax data efficiently so that tax residency and income tax treaty determinations can be made. The IRS requires all nonresident aliens who receive U.S. income to furnish the University with a Social Security Number (SSN).

GLACIER Process:
Departmental Responsibilities:
- If the employee checks box 3 ‘alien authorized to work’ of Section 1 of the I-9 Form, the GLACIER notification sheet needs to be given
- During the hire process, the following data needs to be updated:
  - Citizenship Code - enter "H" (FPS1, EALN)
  - Visa Type (EALN)
  - Work Permit End Date (EALN)

Nonresident Alien responsibilities:
- Log into GLACIER and enter information within ten (10) days of receipt of the email from support@online-tax.onet (this is not spam)
- Print, review, sign and date all forms (Tax Summary Report, etc.) created by Glacier
- Forward signed forms with the required document copies as instructed on the Tax Summary Report loc

Elena Mateos
University of California, Riverside
Payroll Office 022
P.O. Box 953
Riverside, CA 92501
Telephone: 951-827-1558
Elena.Mateos@ucr.edu

Central Payroll Office responsibilities:
- Review and ensure that all documents are accurate and complete
- Maintain GLACIER and update I-9s for tax purposes
- Coordinate year-end tax reports (1042-S)

GENERAL GUIDELINES

For federal income tax purposes, non-citizens of the United States are classified by the Internal Revenue Service (IRS) as either RESIDENT or NONRESIDENT aliens. Non-citizens of the United States are required to have a valid U.S. classification before payments are made. The IRS maintains two different withholding requirements for resident and non-resident aliens. Before a non-citizen of the United States is paid as an employee, or non-employee (honorary, scholarships and fellowship grants), residency status has to be determined. The IRS has two tests for status: the "green card" test and the "substantial presence" test.

- **GREEN CARD TEST** - A lawful permanent resident of the United States at any time during the calendar year, holds an immigrant visa (a green card).

- **SUBSTANTIAL PRESENCE TEST**
  - Non-citizen must be physically present in the United States on at least:
    1) 183 days during the current calendar year, and
    2) 183 days during the current year and the 2 preceding years, calculated as follows:
      a) All days in current year plus
      b) 1/3 of days in first preceding year plus
      c) 1/6 of days in second preceding year

**EXCEPTION**
You generally DO NOT COUNT days the non-citizen is in the United States as
1) F, J, M, or Q visa student for five (5) years,
2) F, J, M, or Q visa teacher/researcher for two (2) years.

A nonresident alien individual married to either a U.S. citizen or resident alien may choose to be treated as a resident alien for income tax purposes paid to these individuals are subject to the withholding rules that apply to U.S. citizens and residents.

FEDERAL TAXES
Federai taxes are generally deducted at the rate of single status with one allowance.
- Persons from Canada, Mexico, or South Korea: Per special agreements with the United States, persons from these countries are do not single marital rate but may claim an additional allowance for each dependent (Note: Japan has been removed from this category effective 1/1/1996).
- Students from India: Indian students may only claim additional withholding allowance for their spouse and dependents not admitted to the United States on F-1, J-1, or M-1 Visas. This article does not allow an exemption from withholding or the payment of tax; the article only offers additional withholding allowances and/or deductions. Please note that the ability to claim additional withholding allowances is limited to students from India, it does not apply to teachers or researchers from India. Teachers or researchers must use Article 21 of the U.S. India Income Tax Treaty if eligible.
- Persons exempt under a TAX TREATY between their country and the United States. For the current list of tax treaty countries, contact your Global Resource Center.

Social Security (OASDI) and Medicare
Nonresident aliens holding F-1 or J-1 visas are exempt from Social Security and Medicare taxes. Aliens with other visa types employed by U.S. subject to Social Security and Medicare taxes. Career employees pay Social Security and Medicare taxes. Non-career (casual employees) do not pay Social Security or Medicare tax. Individuals who have established residency under the substantial test are also subject to Social Security and Medicare taxes.
STATE TAX
The California Franchise Tax Board does not make a distinction between foreign individuals and U.S. citizens when it comes to withholding. Aliens are subject to the same state tax withholding rules as citizens. No one from the Payroll Office can advise an employee on the number exemptions to claim on their UC W-4/DE-4. Individuals must seek advice from someone who is licensed to prepare taxes, or use the worksheet the UC W-4/DE-4 packet.

Nonresident Alien Employee's Federal-State Withholding Allowance Certificate (UC W-4NR/DE4)

- Fill-in Form (PDF)
- Federal Instructions (Adobe PDF)
- State Instructions (PDF)

DOCUMENTS ISSUED AT THE END OF THE CALENDAR YEAR
All foreign individuals receiving U.S. source income are required to file income tax returns. Income type and residency status will determine which type of income statement the individual will receive. They also determine the type of income tax returns that need to be filed, recommended that individuals consult a licensed tax preparer or the Internal Revenue Service (IRS).

EMPLOYEES - No tax treaty exemption - Will receive a W-2 for federal and state taxes. Individuals should file a 1040NR for federal tax appropriate state form depending on state residency status.

EMPLOYEES - Exempt under a tax treaty - Will receive 1042S for federal tax and W-2 for state tax. Individuals should file a 1040NR and the appropriate state form depending on state residency status.

Where to find information
IRS - International Taxpayers
IRS Publication 915, Withholding of Tax on Nonresident Aliens and Foreign Corporations
IRS Publication 915, U.S. Tax Guide for Aliens
Certificate of Foreign Status for Federal Tax Withholding (UC W-4NR)
Fill-in Form, Instructions and Frequently Asked Questions (Adobe PDF)
What Is GLACIER?
GLACIER is an online tax compliance system designed to allow institutions to efficiently and effectively collect information, make tax residency and income tax treaty determinations, manage paperwork, maintain data, and file reporting statements with the IRS. GLACIER was built from scratch as a completely web-based system that incorporates the latest, cutting-edge methods for security, data transfer, and user-interface. As an online system, GLACIER provides more flexibility than a traditional desk-top application or a pc-based system to better meet the ever-changing needs of our clients. Additional Information about Glacier is at: GLACIER Brochure.

Why Am I Required to Provide Information in GLACIER?
The Internal Revenue Service (IRS), the U.S. government tax authority, has issued strict regulations regarding the taxation and reporting of payments made to non-United States citizens. As a result, payments made to you may be subject to U.S income tax and reporting to the IRS. GLACIER Online Tax Compliance System is an efficient and effective way to manage tax liability.

Why Is My Tax Status Important?
In order to comply with the U.S. tax laws, your US Tax Residency Status must be determined. The Substantial Presence Test is used to determine whether an individual is a Nonresident Alien or Resident Alien for purposes of U.S. tax withholding. GLACIER Online Tax Compliance System will calculate your US Residency Status for Tax Purposes based on the information provided by you.

What is the Difference between a Nonresident Alien and Resident Alien?
If you are a Nonresident Alien for Tax Purposes, you are subject to special tax withholding and reporting regulations; if you are a Resident Alien for Tax Purposes, you are taxed in the same manner as a U.S. Citizen.

How Long Will I Be a Nonresident Alien?
Your Residency Status Change Date is the day on which your US Residency Status for Tax Purposes will change, generally from Nonresident Alien for Tax Purposes to Resident Alien for Tax Purposes. The U.S. tax system is based on a calendar year period (January 1 - December 31). In most cases, when your US Residency Status for Tax Purposes changes, you will become a Resident Alien for Tax Purposes retroactive to the first day of the calendar year during which your status changed; this day is called the Residency Status Start Date.

How Will I Be Taxed on Payments From U.S. Sources?
As a Nonresident Alien for Tax Purposes, U.S. tax law requires that you be taxed in the following manner:

Payroll: If you receive Dependent Compensation (salary or wages), you are generally required to complete Form W-4 as "Single" (regardless of your actual marital status) and "One" Personal Withholding Allowance (regardless of your actual number of dependents).
Certain countries may have an exception to this requirement.

**Scholarship/Fellowship:** If you receive a Scholarship or Fellowship (for which NO services are required), your scholarship or fellowship may consist of Nontaxable items (Tuition, Book Allowance, Required Registration Fees, and Mandatory Health Insurance) or Taxable items (including, but are not limited to, Room and Board, Stipend, Living Allowance, Travel Payment/Reimbursement). If you are present in the U.S. under an F, J, M, or Q immigration status, the applicable rate of tax withholding is 14 percent; if you are present in the U.S. under any other immigration status, the applicable rate of tax withholding is 30 percent.

**Independent Personal Services:** If you receive an Honorarium, Guest Speaker Fee, Consultant Fees, Royalty, or any other type of income, the applicable rate of tax withholding is 30 percent.

**Can I Be Exempt From Tax Withholding?**
The U.S. maintains income tax treaties with approximately 63 countries. Certain taxable payments made to you may be exempt from U.S. tax based on an income tax treaty entered into between the U.S. and your country of tax residence. The existence of a tax treaty does not automatically ensure an exemption from tax withholding; rather, you must satisfy the requirements for the exemption set forth in the tax treaty and provide all applicable forms and documents to the University if you qualify for a tax treaty exemption, you must complete and submit Form W-8BEN (for all scholarship, fellowship, or royalty payments) or Form 8233 (for all compensation payments).

**What If I Do Not Submit My Forms and Documents?**
If you do not complete the information in GLACIER and/or submit the required forms and documents in a timely fashion, the maximum amount of tax will be withheld from all payments made to you.

**Where Can I Get More Information?**
if you have additional questions, please contact elena.mateos@ucr.edu
### UC W-4/DE 4 UNIVERSITY OF CALIFORNIA EMPLOYEE'S FEDERAL-STATE
WITHHOLDING ALLOWANCE CERTIFICATE

**NAME (Last, First, Middle)**

**EMPLOYEE NUMBER**

**DATE PREPARED**

**SOCIAL SECURITY NUMBER**

**DATE BORN**

Home Address (number and street or rural route)

City or Town, State, and ZIP code

**CA**

If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card ....

### I. FEDERAL TAX FILING STATUS AND ALLOWANCES

1. Marital Status
   - **Enter only one code**
   - 
   - **S**, Single or Married but withhold at higher single rate
   - **M**, Married Persons (one income)

2. Personal Allowances - Total number of allowances you are claiming (W-4 worksheets).
   - If you are claiming exemption from Federal tax withholding, complete Section III, below.

### II. STATE TAX FILING STATUS AND ALLOWANCES

1. Marital Status
   - **Enter only one code**
   - 
   - **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 630.

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

I claim exemption from Federal and State withholding for 2009 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.)

If you meet BOTH conditions, enter “EXEMPT” here

### IV. ADDITIONAL TAX WITHHOLDING

**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.

**Employee Signature**

**Date**

**ACCOUNTING OFFICE TO COMPLETE ONLY IF SENDING TO THE FRANCHISE TAX BOARD**

**Employer’s Name and Address**

**Office Code**

**Employer Identification Number**
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 attached 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.

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.
2009 Form W-4 * Department of the Treasury Internal Revenue Service

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

Exemption from withholding. Read Section III of the UC W-4/DE 4 to see if you can claim exempt status. If exempt, complete only the UC W-4/DE 4, but do not complete Section I, Box 2; Section II, Boxes 2 or 3; or Section IV. Sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on pages 1 and 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below. Refer to Pub. 501, Exception, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing the UC Form W-4/DE 4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how much you are withholding compared to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Sign the UC W-4/DE 4. The form is not valid unless you sign it.

PERSONAL ALLOWANCES WORKSHEET (keep for your records)

A Enter "1" for yourself if no one else can claim you as a dependent ................................................................. A

B Enter "1" if
   • You are single and have only one job; or
   • You are married, have only one job, and your spouse does not work; or
   • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less B

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having to file income tax witheld.) .................................................. C

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. .......................... D

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) ........ E

F Enter "1" if you have at least $1,800 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
   • If your total income will be less than $81,000 ($90,000 if married), enter "2" for each eligible child.
   • If your total income will be between $81,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have 6 or more eligible children G

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ................................................................. H

For accuracy, complete all worksheets that apply.

• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

• If neither of the above situations applies, stop here and enter the number from line H in Section I, Box 2, of the UC W-4/DE 4.

*Use this sheet for FEDERAL instructions and worksheets. Complete the UC W-4 / DE 4 as directed.
Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2009 tax return.

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over $166,800 ($83,400 if married filing separately).) See Worksheet 2 in Pub. 919 for details.) $11,400 if married filing jointly or qualifying widow(er) $8,350 if head of household $5,700 if single or married filing separately

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

4 Enter the amount of your 2009 adjustments to income, including alimony, deductible IRA contributions, and student loan interest $4

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 8 in Pub. 919) $5

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) $6

7 Subtract line 6 from line 5. If zero or less, enter "-0-" $7

8 Divide the amount on line 7 by $3,600 and enter the result here. Drop any fraction $8

9 Enter the number from the Personal Allowances Worksheet, line H, page 1 $9

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise stop here and enter this total in Section 1, Box 2, of the UC W-4/DE4. $10

Two-Earners/Multiple Jobs Worksheet (See Two earners/multiple jobs on page 1.)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) $1

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $50,000 or less, do not enter more than "5" $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 in Section 1, Box 2, of the UC W-4/DE4. DO NOT use the rest of this worksheet. $3

Note: If line 1 is less than line 2, enter "-0-" in Section I, Box 2, of the UC W-4/DE 4. Complete lines 4-9 below to calculate 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 1 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 6 and enter the result here. This is the additional annual withholding needed $8

9 Divide line 8 by the number of months remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and in Section IV, Box 1 of the UC W-4/DE 4. This is the additional amount to be withheld from each paycheck $9

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are--</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $4,300</td>
<td>0</td>
</tr>
<tr>
<td>4,001 - 9,000</td>
<td>1</td>
</tr>
<tr>
<td>9,001 - 18,000</td>
<td>2</td>
</tr>
<tr>
<td>18,001 - 22,000</td>
<td>3</td>
</tr>
<tr>
<td>22,001 - 26,000</td>
<td>4</td>
</tr>
<tr>
<td>36,001 - 32,000</td>
<td>5</td>
</tr>
<tr>
<td>32,001 - 38,000</td>
<td>6</td>
</tr>
<tr>
<td>38,001 - 46,000</td>
<td>7</td>
</tr>
<tr>
<td>46,001 - 55,000</td>
<td>8</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>9</td>
</tr>
<tr>
<td>60,001 - 65,000</td>
<td>10</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>11</td>
</tr>
<tr>
<td>75,001 - 95,000</td>
<td>12</td>
</tr>
<tr>
<td>95,001 - 105,000</td>
<td>13</td>
</tr>
<tr>
<td>105,001 - 120,000</td>
<td>14</td>
</tr>
<tr>
<td>120,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are--</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>65,001 - 120,000</td>
<td>1</td>
</tr>
<tr>
<td>120,001 - 185,000</td>
<td>2</td>
</tr>
<tr>
<td>185,001 - 330,000</td>
<td>3</td>
</tr>
<tr>
<td>330,001 and over</td>
<td>4</td>
</tr>
<tr>
<td>370,001 and over</td>
<td>5</td>
</tr>
</tbody>
</table>

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. The Internal Revenue Code requires this information under sections 3402(g)(15) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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 non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or reports required to be filed are subject to review by the government. For Federal laws, see the Family Education Rights and Privacy Act of 1974, 20 U.S.C. 1232g, 34 CFR part 99.

You may have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
Employee's Withholding Allowance Certificate

Purpose: This certificate, DE 4, is for California personal income tax 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 read the instructions contained herein and complete the State portions of the UC W-4/DE 4 form as appropriate, using the worksheets which follow as applicable.

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 personal income tax 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 personal income tax 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 and for federal withholding use the Internal Revenue Service (IRS) Publication 919 for federal withholding calculations.

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 only 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 automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new form UC W-4/DE 4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year, but expect to have a tax liability next year, the law requires you to give your employer a new form UC W-4/DE 4 by December 1.
IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL YOUR LOCAL FRANCHISE TAX BOARD.

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice) 1-800-822-6266 (TTY)

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

The California Employer's Guide (DE 44), provides the income tax withholding tables. This publication may be found on EDD's Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the Franchise Tax Board's Web site at www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION:
Your employer is required to send a copy of your UC W-4/DE 4 to the Franchise Tax Board (FTB) if it meets any of the following conditions:

- You claim more than 10 withholding allowances
- You claim exemption from state or federal income tax
- You make major changes to DE 4, such as crossing out words or writing more than is asked
- You admit that the DE 4 is false

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to: W-4 Unit
Franchise Tax Board MS F-180
P. O. Box 2952
Sacramento CA 95812-2952
Fax: (916) 843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will limit its review to that issue. FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your UC W-4/DE 4, you may be subject to a penalty.

PENALTY: You may be fined $500 if you file, with no reasonable basis, a form UC W-4/DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided for by Section 19176 of the California Revenue and Taxation Code.
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/TWO-JOBS: When earnings are derived from more than one source, underwithholding 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

<table>
<thead>
<tr>
<th>REGULAR WITHHOLDING ALLOWANCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Allowance for yourself — enter 1, ..........................................................</td>
</tr>
<tr>
<td>(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1, ..........................................................</td>
</tr>
<tr>
<td>(C) Allowance for blindness — yourself — enter 1, ..................................................</td>
</tr>
<tr>
<td>(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1, ..........................................................</td>
</tr>
<tr>
<td>(E) Allowance(s) for dependent(s) — do not include yourself or your spouse, .......................................................... x 1 = (E)</td>
</tr>
<tr>
<td>E-1. Please enter the number of dependents for which you are claiming allowances: ..........................................................</td>
</tr>
<tr>
<td>E-2. Please multiply the number entered in E-1 by 1 and enter on line E*</td>
</tr>
<tr>
<td>(F) Total — add lines (A) through (E) above, Enter here and in Section II, Box 2 of the UC W-4/DE 4, ..........................................................</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ESTIMATED DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>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, ..........................................................</td>
</tr>
<tr>
<td>2. Enter $7,384 if married filing joint, head of household or qualifying widow(er) with dependent(s) or $3,692 if single or married filing separately, ..........................................................</td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1, enter difference, ..........................................................</td>
</tr>
<tr>
<td>4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits), ..........................................................</td>
</tr>
<tr>
<td>5. Add line 4 to line 3, enter sum, ..........................................................</td>
</tr>
<tr>
<td>6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts), ..........................................................</td>
</tr>
<tr>
<td>7. If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference, ..........................................................</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>9. If line 6 is greater than line 5: Enter amount from line 6 (nonwage income), ..........................................................</td>
</tr>
<tr>
<td>10. Enter amount from line 5 (deductions), ..........................................................</td>
</tr>
<tr>
<td>11. Subtract line 10 from line 9, enter difference, ..........................................................</td>
</tr>
</tbody>
</table>

* Due to recent legislation, beginning January 1, 2007, 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 new 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 267 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3888.
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 2009 
2. Enter estimate of nonwage income (line 6 of Worksheet B) 
3. Add line 1 and line 2. Enter sum 
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 
5. Enter adjustments to income (line 4 of Worksheet B) 
6. Add line 4 and line 5. Enter sum 
7. Subtract line 6 from line 3. Enter difference 
8. Figure your tax liability for the amount on line 7 by using the 2009 tax rate schedules below 
9. Enter personal exemptions (line F of Worksheet A x $95) 
10. Subtract line 9 from line 8. Enter difference. This is your total tax liability 
11. Enter any tax credits. (See FTB Form 540) 
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 
13. Calculate the tax withheld and estimated to be withheld during 2009. 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 2009. 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 2009 
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 
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.

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 540ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2009 ONLY

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT OVER</td>
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</tr>
<tr>
<td>$1,000,000 and over</td>
<td>10.55% $1,000,000</td>
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</table>

<table>
<thead>
<tr>
<th>MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS</th>
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</thead>
<tbody>
<tr>
<td>IF THE TAXABLE INCOME IS</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>OVER</td>
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<td>$ 14,336</td>
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<tr>
<td>$ 94,110</td>
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<tr>
<td>$1,000,000 and over</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>THE COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
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<td>BUT NOT OVER</td>
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<td>$1,000,000</td>
</tr>
<tr>
<td>$1,000,000 and over</td>
<td>10.55% $1,000,000</td>
</tr>
</tbody>
</table>

*marginal tax

DE 4 Information is collected for purposes of administering the Personal Income Tax law and under the Authority of Title 22 of the California Code of Regulations and the Revenue and Taxation Code, including Section 18524. 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 income tax return.

DE 4 Rev. 36 (6-09) Page 4 of 4
### Part I: Federal Tax Filing Status and Allowances
- **1. Marital Status**: (A nonresident alien may only claim Single marital status.)
- **2. Personal Allowances**: Total number of allowances you are claiming (See General Instructions.)
- **3. If you are living and working outside the United States, check here and proceed to section V. (See General Instructions)**

### Part II: State Tax Filing Status and Withholding 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. Enter number in the box to the far right.
  - 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.

### Part III: Additional Tax Withholding
- Additional Federal Tax Withholding (Enter additional Monthly amount in the box to the far right OR to cancel additional amount, enter **”** in the box to the far right). Check appropriate box: □ New □ Change □ Cancel $
- Additional State Tax Withholding (Enter additional Monthly amount in the box to the far right OR to cancel additional amount, enter **”** in the box to the far right). Check appropriate box: □ New □ Change □ Cancel $

### Part IV: Tax Treaty Exemption
- You may be eligible for exemption from Federal Tax Withholding because there is an applicable tax treaty between your country of residence and the United States, and your duties while in the United States make you eligible for the exemption.
- □ I certify that I am not a citizen or resident of the United States, that I am eligible for Federal tax exemption because there is a current tax treaty between my country of residence and the United States, and that my duties while here are: □ Teaching □ Research □ Student
- [Country] [Treaty Article]
- (If you are eligible to claim tax treaty benefits you must complete a Form 8233 and a tax treaty statement or Form W-8BEN, to obtain these benefits).
- □ I am not exempt from Federal Tax Withholding.

### Part V: Certification
- Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate.
- THIS FORM IS NOT VALID UNLESS YOU SIGN IT.
- Employee Signature ▶ Date ▶

### Accounting Office to Complete Only if Sending to the Franchise Tax Board
- Employer’s Name and Address
- Office Code
- Employer Identification Number
- RETURN 3 YEARS AFTER EMPLOYEE TERMINATES FOR PRIVACY NOTIFICATIONS SEE NEXT PAGE
Purpose: Complete the UC W-4NR/DE 4 so that the appropriate amount of Federal income tax can be withheld from your paycheck.

This form is for nonresident alien individuals who are employed in the United States.

If your status changes in any way during the calendar year, you are obligated to immediately inform the University in writing. Failure to do so may result in incorrect tax withholding and reporting.
PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE UC W-4NR/DE 4 FORM. THE INSTRUCTIONS CONTAIN VALUABLE INFORMATION FOR THE PROPER COMPLETION OF THIS FORM.

KEEP THE ATTACHED FEDERAL AND STATE INSTRUCTIONS AND WORKSHEETS FOR YOUR REFERENCE.

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. 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 PresidentStaff and Academic Personnel Managers or campus Accounting Officers.

FEDERAL Pursuant to the Federal privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and pursuant to Regulations 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report (1) Federal and State income taxes withheld, (2) social security contributions, (3) State unemployment and workers' compensation earnings, and (4) earnings and contributions to participating retirement systems.

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also subject you to penalties.

Routine use of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

You are not required to provide the information requested on a form that is 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.
Instructions for completing the Federal Portion of the Form

UC W-4NR/DE 4 2007

Nonresident Alien Employee's Federal-State Withholding Allowance Certificate

Part I: General Instructions

Complete Form UC W-4NR/DE 4 so your employer can withhold the correct Federal income tax from your pay.

The Internal Revenue Code restricts a nonresident alien’s filing status, limits the number of allowable exemptions, and requires additional tax to be withheld from wage payments because a nonresident alien cannot claim the standard deduction. Refer to IRS Publication 516, Withholding of Tax on Nonresident Aliens and Foreign Corporations, for more information.

Whenever your personal income tax withholding status changes, you should submit a new form to your employer.

Who May Use This Form

This form is intended for use by nonresident alien individuals who are employed in the U.S.

Any individual who is not a citizen or resident of the United States is a nonresident alien. An alien individual meeting either the “green card test” or the “substantial presence test” for the calendar year is a resident alien for tax purposes. Any person not meeting either test is a nonresident alien for tax purposes.

To ensure that the proper amount of Federal tax is withheld, it is essential to establish your residency status with your employer prior to completion of this form.

A resident alien should complete the Form UC W-4/DE 4.

For more information on resident and nonresident alien status, the tests for residence (including the substantial presence test), see Publication 519, U.S. Tax Guide for Aliens.

You can get Publication 519 by calling 1-800-TAX-FORM (1-800-829-3676).

Specific Instructions for Form UC W-4NR/DE 4

The following instructions are for those items that are not self-explanatory.

Part 1 - Federal Tax Filing Status and Allowances

1. Nonresident aliens may only claim “Single” marital status on line 1 (regardless of your actual marital status).

2. Claim “0” (zero) or “1” withholding allowance on line 2.

Please note that Nonresident Aliens cannot claim “Exempt” withholding status on this form. (See Tax Treaties.)

Residents of Canada, Mexico, or a U.S. national:

If you are a resident of Canada, Mexico, or a U.S. national (i.e., a citizen of America Samoa or a Northern Mariana Islander who chose to become a U.S. national) you may claim an allowance for your spouse if the following conditions are met:

- A joint tax return is not filed,
- Your spouse had no gross income for U.S. tax purposes, and
- Your spouse cannot be claimed as a dependent by another taxpayer.

In addition, you can claim an allowance for your dependents that meet the dependency tests. See Publication 501 for dependency rules.

Enter the total number of allowances you are claiming on line 2.

Residents of South Korea

If you are a resident of South Korea you may be able to claim an allowance for your spouse and dependents if the following conditions are met:

- Your spouse and all children claimed must live with you in the U.S. at some time during the tax year, and
- The additional deduction for allowances must be prorated based on the ratio of your U.S. source gross income effectively connected with a U.S. trade or business. See Publication 519 for the rules regarding the proration.

Enter the total number of allowances you are claiming on line 2.

Students and Business Apprentices from India

If you are a student or a business apprentice who is eligible for the benefits of Article 21(2) of the United States-India Income Tax Treaty, you can claim additional withholding allowances on line 2 for your spouse and dependents if the following conditions are met:

- Your spouse had no gross income for U.S. tax purposes, and
- Your spouse cannot be claimed as a dependent by another taxpayer,
- You may claim an allowance on each dependent not admitted to the U.S. on an “F-2”, “J-2”, or “M-2” visas. See Publication 501 for dependency rules.

Enter the total number of allowances you are claiming on line 2.

Tax Treaties

The U.S. has income tax treaties with a number of foreign countries under which teachers, researchers professors, trainees and scholarship recipients of those countries are exempt from Federal tax on income received from teaching and research activities. If you are eligible to claim tax treaty benefits you must give your Withholding agent a Form 8233 and a tax treaty statement or Form UC W-8BEN to obtain these benefits.

For more information on U.S. tax treaties see Publication 901, U.S. Tax Treaties.

You can get Publication 901 by calling 1-800-TAX-FORM (1-800-829-3676).

Services Performed Outside the United States

Compensation paid to a nonresident alien for services performed entirely outside the U.S. is considered to be foreign source income; therefore no U.S. tax withholding is required. However, if you perform services within and without the U.S., the total amount of compensation must be prorated based on the total amount paid and total time related with the performance of services.
Instructions and worksheets for completing
The STATE portion of the Form

UC W-4NR/DE 4 2007

Nonresident Alien Employee's Federal-State Withholding Allowance Certificate

*Use this section for instructions and worksheets to complete
the STATE (DE 4) portion of the form UC W-4NR/DE 4

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 withholding purposes only. You should read the
instructions contained herein and complete the State portions of the UC W-4NR/DE 4
form as appropriate, using the worksheets that follow as applicable.

You should complete this form if either:

1. You claim a different marital status, different number of regular allowances, or a different additional dollar amount to be
   withheld for California personal income tax 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 tax brackets and withholding methods do not reflect state personal income tax withholding tables. If you rely on the
number of withholding allowances you

claim for Federal withholding, your state income tax withholding, 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-4NR/DE 4 takes effect, compare the dollar amounts that are being withheld to ensure that the proper amount of tax
is being withheld.

EXEMPTION FROM WITHHOLDING:

You may only 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 for California income tax withholding automatically expires on February
15 of the next year unless submitted again on a new W-4NR/DE 4 before that date.

The law requires you to give your employer a new Form UC W-4NR/DE 4 by
NOTIFICATION: Your employer is required to send a copy of your DE 4 to the Franchise Tax Board if it meets any of the following conditions:
- You claim more than 10 withholding allowances
- You make major changes to DE 4, such as crossing out words or writing more than is asked
- You claim exemption from State or Federal income tax
- You admit that the DE 4 is false

IF THE IRS INSTRUCTS YOUR EMPLOYER TO withhold FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:
Franchise Tax Board
W-4 Unit MS F-180, P. O. Box 2052
Sacramento CA 95812-2052

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will review its record of your employe's withholding status. Your employer is then required to withhold state income tax for state purposes. If FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your UC W-4/RDE 4, you may be subject to a penalty.

PENALTY: You may be fined $500 if you file, with no reasonable basis a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided for by Section 19176 of the California Revenue and Taxation Code.

INSTRUCTIONS — 1 — ALLOWANCES

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/TWO-JOBS: 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 employers) if the total number of allowances you are entitled to claim on the tax form from both employers equals the number of allowances claimed on the DE 4 or W-4 filed for the highest paying job and zero allowances are claimed for the others.

Worksheet A

Regular Withholding Allowances

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<tr>
<th>Description</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowance for yourself — enter 1</td>
<td>(A)</td>
</tr>
<tr>
<td>Allowance for your spouse (if not separately claimed by your spouse) — enter 1</td>
<td>(B)</td>
</tr>
<tr>
<td>Allowance for blindness — yourself — enter 1</td>
<td>(C)</td>
</tr>
<tr>
<td>Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1</td>
<td>(D)</td>
</tr>
<tr>
<td>Allowance(s) for dependent(s) — do not include yourself or your spouse</td>
<td>(E)</td>
</tr>
<tr>
<td>E-1. Please enter the number of dependents for which you are claiming allowances:</td>
<td></td>
</tr>
<tr>
<td>E-2. Please multiply the number entered in (E-1) by 3 and enter on line 5</td>
<td></td>
</tr>
<tr>
<td>Total — add lines (A) through (E) above, Enter here and in Section II, Box 2 of the UC W4/RDE 4.</td>
<td>(F)</td>
</tr>
</tbody>
</table>

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

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 estimated deductions may entitle you to claim one or more additional withholding allowances. If you have a complex tax situation or numerous itemized deductions use last year’s FTB 640 form as a model to calculate this year’s withholding amounts.

Do not include deferred compensation, qualified pension payments, social security 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 640 form. 1

2. Enter $6,820 if married filing joint, head of household or qualifying widow(er) with dependent(s) or $3,410 if single or married filing separately. 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 net wages (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. 8

Enter this number here and on line 2 of the UC W4/RDE 4. Complete Worksheet C, if needed.

9. If line 6 is greater than line 5, Enter amount from line 6 (nonwage income). 9

10. Enter amount from line 6 (deductions). 10

11. Subtract line 10 from line 9, enter difference. 11

Complete Worksheet C

* Due to recent legislation, beginning January 1, 2007, 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 new 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 1-866-745-3858.
**WORKSHEET C - for Section II, Box 3, of the UC W-4NRIDE 4**

**TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2007 ......................................................... 1.
2. Enter estimate of nonwage income (line 8 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 adjustment 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 2007 tax rate schedules .......... 8.
9. Enter personal exemptions (line F of Worksheet A x $51) ............................................... 9.
10. Subtract line 9 from line 8. Enter difference ................................................................ 10.
11. Enter any tax credits. (See FTB Form 549) ................................................................. 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 2007. 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 2007. 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 2007 .................... 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 on line 20 of the UC W-4NRIDE 4 ................................................. 15.

**NOTE:** Your employer is not required to withhold the additional amount requested in Section II, line 3 of your UC W-4NRIDE 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 540ES with the FTB to avoid a penalty.

**THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2007 ONLY**

<table>
<thead>
<tr>
<th>SINGLE OR MARRIED WITH DUAL EMPLOYERS</th>
<th>MARRIED FILING JOINT OR QUALIFYING WIDOWER(TER) TAXPAYERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF THE TAXABLE INCOME IS</td>
<td>IF THE TAXABLE INCOME IS</td>
</tr>
<tr>
<td>OVER</td>
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</tr>
<tr>
<td>$0</td>
<td>$6,522</td>
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<tr>
<td>$6,522</td>
<td>$15,598</td>
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<tr>
<td>$999,999</td>
<td>and over</td>
</tr>
</tbody>
</table>

**HEAD OF HOUSEHOLD**

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>THE COMPUTED TAX IS</th>
</tr>
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*Marginal tax

DE 4 information is collected for purposes of administering the Personal Income Tax law and under the Authority of Title 22 of the California Code of Regulations and the Revenue and Taxation Code, including Section 16024. 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 Income tax return.
This is one example of an ergonomically correct workstation.

1. The **top of the monitor screen** is at eye level.
2. A **telephone headset** helps to avoid awkward positions while talking and doing other tasks, such as typing.
3. A **wrist pad** at the bottom of the keyboard helps keep the wrists in a neutral, almost straight position.
4. A **footrest** raises the feet to reduce pressure on the lower back.
5. **Armrests** are adjusted so that the elbows are close to the side body and bent at an angle between 90 and 100 degrees.
6. An **adjustable chair** has a height adjustment to allow the feet to rest on the floor or a footrest; the back of the chair also adjusts for different positions.

Sitting with the ears directly above the shoulders, which in turn are over the hips, helps prevent back strain. Placing a lumbar pillow or roll against the small of the back provides additional support.
FACTS ABOUT WORKERS' COMPENSATION

The Way It Was
In the early 20th century, a worker injured on the job had to sue his employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Jurors had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing. It was costly, time consuming, and often unfair.

The Way It Is
Today, the California workers' compensation law provides a faster, fairer way to take care of injured workers... where fault doesn't have to be proved to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the state. If you can't work due to a job-related injury or illness, workers' compensation pays your medical bills and provides money to help replace lost wages until you can return to work.

Who's Covered?
Almost every employee in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

What's Covered?
Any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents are covered. Workers' compensation even covers injuries— including physical or psychiatric injuries— resulting from a workplace crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity—for example, the company bowling team—may not be covered. Check with your supervisor or the claims administrator at the end of this document if you have questions.)

Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered... protection begins the first minute you're on the job.

What You Have To Do
Immediately notify your supervisor or the employer representative listed on the back of this pamphlet so you can get medical help right away. If it's more than a simple first-aid injury, your employer will give you a claim form so you can describe the injury and how, when and where it happened. To file a claim, complete the "Employee" section of the claim form, keep one copy and return the rest to your employer. Your employer will then complete the "Employer" section, give you a signed and dated copy of the form, keep one copy and send one to the claims administrator, who is responsible for handling your claim and notifying you about your eligibility for benefits.

Benefits can't start until the claims administrator knows of the injury, so report the injury and file the claim form as soon as possible. State law requires employers to authorize medical care within one working day of receiving a claim form, and employers may be liable for as much as $10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits, and you may not be able to get benefits if you don't file a claim within one year of the date of injury, the date you knew the injury was work related, or the date benefits were last provided. To insure your right to benefits, report every injury, no matter how small, and request a claim form if it's more than a simple first-aid injury.

Benefits
The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy and medicines, but for injuries on or after January 1, 2004, state law limits some medical services.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- For injuries on or after January 1, 2004, if your injury or illness causes permanent disability, your employer doesn't offer appropriate modified or alternative work, and you don't return to work for the employer within 90 days of when temporary disability ends, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher for education-related retraining and/ or skill enhancement at state-approved schools. The amount ranges from $4,000 to $10,000 in vouchers, depending on the level of permanent disability.

Benefit Payments

- Medical Care: All medical expenses for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never see a bill. The name and address of the claims administrator are at the end of this document and are posted at your workplace.
- Temporary Disability: If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check. You will continue to receive temporary disability checks every two weeks after that until the doctor says you can return to work. (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, for a single injury occurring on or after April 19, 2004, TD payments may not extend for more than 104 compensable weeks within two years from the date of the first payment, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease.
- Permanent Disability: If your doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. The minimum and maximum amounts are set by state law, and vary by injury date. If you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says...
• your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or you settle your case and receive a lump sum.

• Death Benefits: If the injury or illness causes death, payments may be made to your relatives or household members who were financially dependent on you. The benefits are set by state law and the amount depends on the number of dependents. The payments are made at the same rate as temporary disability payments. In addition, workers' compensation provides a burial allowance.

• Supplemental Job Displacement Benefit: For injuries on or after January 1, 2004, if you receive temporary disability payments within 30 days after that benefit ends, your claims administrator will send a letter advising whether your employer has a modified job or alternative work available for you, explaining your potential rights to a supplemental job displacement benefit. If your employer does not offer modified or alternative work, you don’t return to work for the employer within 60 days after your temporary disability ends, and it is determined that you have a permanent disability, you may choose to receive non-transferable vouchers to use at a state accredited school for education-related retraining or skill enhancement. If you qualify for the supplemental job displacement benefit, your claims administrator will provide vouchers up to a maximum set by state law.

A) Up to $4,000 for permanent disability awards of more than 0 but less than 15 percent.
B) Up to $5,000 for permanent disability awards between 15 percent and 25 percent.
C) Up to $8,000 for permanent disability awards between 26 percent and 49 percent.
D) Up to $10,000 for permanent disability awards between 50 percent and 99 percent.

Other Benefits
Workers’ compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers’ compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck.

If you are not receiving workers’ compensation benefits, you may be able to get State Disability benefits. For information, call the local office of the state Employment Development Department listed in the government pages of your phone book.

If You Have Questions
... ask your supervisor or employer representative. Or contact the workers’ compensation claims administrator (the name, address and phone number are listed at the end of this document and are posted at your workplace). You also can contact an Information and assistance officer at the State Division of Workers’ Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers’ compensation. The local office is listed at the end of this document and is posted at your workplace, or you can call 800-736-7401, check the local listing in the white pages of the phone book under State Government Offices/Industrial Relations/Workers’ Compensation, or go to the DWC web site at http://www.dli.ca.gov/dwc.

More About Medical Care
Good medical care is important—to you, your family and your employer. Quality medical treatment is the quickest way to recovery.

• If emergency medical care is needed, call for help immediately and get the best treatment available until emergency personnel arrive. Emergency phone numbers are listed on the back of this document.

• If first aid is available at your workplace, seek immediate treatment. Report to your employer where, when and how the accident happened. If it’s more than a simple first-aid injury, ask your employer for a claim form.

• To make sure your medical bills get paid and you get all of your benefits, complete the “Employee” section of the claim form and return it to your employer as soon as possible. Employers are required to notify the claims administrator and authorize medical treatment within one working day of receiving a claim form, so get a signed and dated copy of the claim form back from your employer and keep it with all other paperwork related to your claim.

• If additional treatment is necessary, your claims administrator will arrange medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your particular type of injury, and he or she will be familiar with workers’ compensation requirements and will report promptly so your benefits can be paid.

• The doctor with overall responsibility for treating your injury or illness is your “primary treating physician” (PTP). The PTP decides what kind of medical care you need and when you can return to work. If necessary, he or she will review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. This doctor is also responsible for coordinating care between other medical providers, and if it is a serious injury, will write reports about any permanent disability or the need for future medical care. Generally your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or claims administrator. They’ll be as interested as you are in your prompt recovery and return to work and will select the different doctors you want.

• You can be treated by your personal doctor immediately if your employer offers group health coverage, the doctor agreed in advance to treat you for any work injuries or illnesses, and you gave your employer the doctor’s name and address in writing before the injury. If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected doctor first. If you decide to give your employer the name of a doctor to be your primary treating physician in case of a work injury or illness, he or she must be someone who has treated you before and who has your medical records. You can use the form included in this pamphlet to give your employer the information about your doctor.

• Generally, if you haven’t given your employer the name of your personal physician before the injury, you can switch to your own doctor 30 days after the injury is reported. (Different rules apply if you are a member of a Health Care Organization or a workers’ compensation medical provider network, so check with your claims administrator if that’s the case.) If you switch, choose your doctor carefully—most people don’t have a family surgeon, for example. If you want advice about specialists, talk to your claims administrator.

• In any event, report your choice as soon as you make it so the bills will be paid for you. Above all, don’t treat yourself. Even minor injuries need expert care. Prompt, quality medical care is the best investment you and your employer can make.
In An Emergency ....

1. Seek first aid. If emergency medical care is needed, call for help immediately (see emergency telephone numbers below) and get the best available treatment until emergency personnel arrive.

2. Report injuries immediately to your supervisor or UCR Labor Relations at (951)627-3641 or ext. 2-3641. Your employer is required to provide you with a claim form within one working day of learning of your injury, so insure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury. Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form, and will direct you to a doctor, clinic, or hospital if necessary. Any delay in reporting an injury may delay workers' compensation benefits. If your claim or benefits are denied, you have a right to challenge the decision, but there are deadlines for filing the necessary papers at the Workers' Compensation Appeals Board, so don't delay.

3. Call your employer representative or claims administrator if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Free help and information are available by contacting a Division of Workers' Compensation information and assistance officer at the local office listed below. You can hear recorded information and get a list of local offices by calling (800-736-7401), or you can get additional written information about workers' compensation by going to the Division of Workers' Compensation web site at http://www.dir.ca.gov/dwc.

DWC Information & Assistance Office

3737 Main Street, Room 300

Riverside, CA 92501  Tel: (951)782-4347

Emergency Telephone Numbers

Campus emergency

Phone number: 911

Claims Administered By:

Octagon Risk Services

P.O. Box 639028

San Diego, CA 92163-9028  Tel: (619)294-2178  Fax: (619)294-9536

Physician Predesignation: You can be treated immediately by your personal medical doctor (M.D.) or a doctor of osteopathy (D.O.) if:

- your employer offers group health coverage;
- the doctor has treated you in the past and has your medical records;
- prior to the injury the doctor agreed to treat you for work injuries or illnesses and you gave your employer the doctor's name and address in writing.

This is called "predesignating a personal physician." If you give your employer the name and address of a personal chiropractor (D.C.) or acupuncturist (LAC) in writing prior to the injury or illness, your claims administrator will arrange treatment with another doctor, then you may switch to the chiropractor or acupuncturist upon request during the first 90 days after your employer knows of your injury or illness. You can notify your employer by completing the following form and returning it to your employer.
Employee: Complete this section.

To: (name of employer)

If I have a work-related injury or illness, I choose to be treated by:

(name of doctor) circle one (M.D., D.O., D.C., L.A.C.)

Address

City, State, ZIP Telephone

I understand that this doctor must have treated me in the past and must maintain my medical records.

Employee Name (please print)

Employee Signature

Date Employee I.D. Number

Physician: Complete this section.

I agree to treat the above named individual should they have a work injury or illness. I understand that medical services in the California workers’ compensation system are subject to preauthorization of non-emergency services and diagnostic tests, utilization review, reporting requirements, and fees governed by the Official Medical Fee Schedule promulgated by the Division of Workers’ Compensation.

Physician Name (please print)

Physician Signature Date

Office Manager/Billing Contact Name(s)

Street Address

Mailing Address (if different)

Telephone Fax

Email

Physician Tax I.D. Number

WORKERS’ COMPENSATION FRAUD IS A FELONY
Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers’ compensation benefits or payment is guilty of a felony.

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“How to log on the atyourservice.ucop.edu website”

Click on

New Employees click on the New User link.
If you are not a new employee and have not created a Username click on Don’t Have a User Name link
Your default Username is your Social Security number all digits no dashes.
Your default Password is your date of birth all 8 digits no dashes.

Sign In

Username:
Password:

New User or Don't Have a Username?
• Forgot your Username or Password?